

Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MSAA, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLYN KAHL

(Name of Person)

ROCAN GONZALEZ PA

(Firm/Company)

3370 MARY STREET

(Address)

MIAMI, FLORIDA 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN KAHL

(Name of Person)

at ( 305 ) 859-6050

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
MSAA, LLC

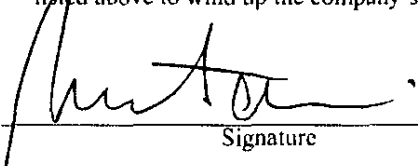
2. The Articles of Organization were filed on March 10, 2008 and assigned  
document number L08000021513

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
UNANIMOUS WRITTEN CONSENT OF THE MEMBERS

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: MAURIZIO STANCARI  
C/O ROCA GONZALEZ PA  
3370 MARY STREET  
MIAMI, FLORIDA 33133

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
Signature

MAURIZIO STANCARI  
Printed Name

**FILING FEE: \$25.00**

16 SEP 21 PM 2:17  
ALL DOCUMENTS  
FILED  
FLORIDA

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: MSAA, LLC

Document number of Limited Liability Company is: L08000021513

Date of dissolution was: 9/15/2016

Description of information that must be included in a written claim:

1- NAME AND MAILING ADDRESS OF PERSON/ENTITY MAKING THE CLAIM

2- DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM

3- STATEMENT OF THE AMOUNT OF THE CLAIM

4- ANY OTHER INFORMATION RELEVANT TO THE CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MSAA, LLC

C/O ROCA GONZALEZ P.A.

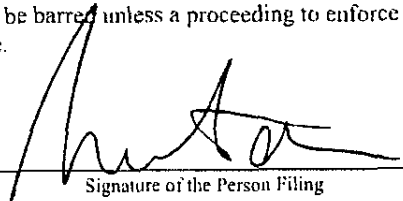
3370 MARY STREET

MIAMI, FL 33133

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MAURIZIO STANCARI

Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

FILED  
16 SEP 21 PM 2:18  
DIVISION OF CORPORATIONS  
FLORIDA