Division of Corporations **Electronic Filing Cover Sheet**

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(((H160001075473)))



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Ťo:

Division of Corporations

Fax Number : (850)617-6383

Erom:

Account Name : FASTKIT CORP

Account Number : I20100000009

Phone : (305)599-0839

Fax Number

: (305)592-9591

LLC DISSOLUTION OR WITHDRAWAL DELONIX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

MAY 0 2 2016

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi	lity.company is				
2,	The Articles of Organization	on were filed on 08/14/2	008	and assigned		
	document number L080000			•		
3.		e date camet be prior to or m this block does not meet th	ome than 90 days later than date t he applicable statutory filing re	ocument is received for filing)	be	
4,	A description of occurrence 605.0707, Florida Statutes,	that resulted in the lim (copy 605.0707 on back	nited liability company's die	solution pursuant to section	л	
	PURSUANT TO SECTION 605.0701(2), BY UNANIMOUS WRITTEN CONSENT OF THE MEMBERS					
		····				
			····	. !	•	
					ਂ ਰੋ	
	If there are no members, en activities and affairs:	ter the name and addres		wind up the company's	APR 29	
		C/O ROCA GONZALE	ez p.a.	[77] 		
		3370 MARY STREET		737	AH II: I	
		MIAMI, FLORIDA 331	133	7.	~	
5. 181	Signature of an authorized r	person or if there are no upany's activities and a	members, the signature of ffairs:	the person appointed and		
(Lowe Q	لسال	GTOVANNA D'ALESSTO			
_	Vi concluse		Pented	Navre		

FILING FEE: \$25.00

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: DELONIX, LLC	Ω
Document number of Limited Liability Company is: L0800007828	0
Date of dissolution was:	
Description of information that must be included in a written claim:	
1- NAME AND MAILING ADDRESS OF PERSON/ENTITY MAKING THE CLAIM	<i>t</i>
2-DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RIS	SE TO THE CLAIM
S-STATEMENT OF THE AMOUNT OF THE CLAIM	7.12 ·
4-ANY OTHER INFORMATION RELEVANT TO THE CLAIM	
	The state of the s
	47. 3° 27.4
Mailing address where claims can be sent: (Claims cannot be sent to the Division	of Corporations)
DELONIV LLC	
DELONIX, LLC	
C/O ROCA GONZALEZ P.A.	

Fee: No charge if included with Articles of Diasolution. If filed separately \$25.90

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.

GIOVANNA D'ALESSIC