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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Wrong form 1190 Office Use Only



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S. PRATHER



October 18, 2018

CINZIA ZANELLA VENTUNO03, LLC 119 WASHINGTON AVE., SUITE 101 MIAMI BEACH, FL 33139

SUBJECT: VENTUNO03, LLC Ref. Number: L09000014919

We have received your document for VENTUNO03, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 718A00021349

Stacy Prather Regulatory Specialist III

55:01 10 1 10:50

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VENTUNO03, LLC

November 6th, 2018

TO

Registration Section
Division of Corporation
P.O Box 6327

Tallahassee, FL 32314

Att: Stacy Prather
Regulatory Specialist

This letter is being written to attach the right information on the dissolution form, also thank you for acknowledging the receiving of the payment of \$35.00. However, if you have any question concerning, please don't hesitate to get in contact with us.

Sincerely,

VENTUNO03, LLC

119 Washington Ave Suite 101 Miami Beach FL 33139. P 305 763 8786 F 305 674 4849

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UENTUNOS UC (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:
CWZIA ZANEUM (Name of Person)
VENTINO 03 (C) (Firm/Company)
119 WASHINGTON AUT # 101
(Address) HIAMI FL 33138 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 763 B7BC (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$\Begin{array}{l} \$55.00 \text{ Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)} \end{array}\$

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

2. The Articles of Organization were filed on		2018 NOV -9 PM
·	con the data of filings	
3. The delayed effective date the dissolution if not effective	con the data of filings of 34	$-\widetilde{U}_{i}\widetilde{G}_{i}$ \widetilde{G}_{i}
3. The delayed effective date the dissolution if not effective (effective date cannot be prior to or more tha Note: If the date inserted in this block does not meet the applicated as the document's effective date on the Department of S	icable statutory filing requirements, this	d for filling) date will not be
4. A description of occurrence that resulted in the limited li 605.0707, Florida Statutes. (copy 605.0707 on back cove	r letter).	ant to section
Noward Dissour		
5. If there are no members, enter the name and address of the activities and affairs:	ne person appointed to wind up the c	company's
6. Signature of an authorized person or if there are no mem listed above to wind up the company's activities and affairs	bers, the signature of the person app	ointed and
Signature	CINZIA ZINEU!	}_

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: LEWWOOS LLC
Document number of Limited Liability Company is: 49 0000 14 9/9
Date of dissolution was: 8 31 2016
Description of information that must be included in a written claim:
VOLONFARY Dispurso
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) [18 WN8406700 AK H 101
MANY BEALLY IL 32139
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.
Printed Name of the Person Filing CINA 2 AND US Signature of the Person Filing
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Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00