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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: AILYRA BEPACHI CAFE, 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: CEFERINO ACEVEDO JR. (Name of Person) **ACEVEDO & ASSOCIATES** (Firm/Company) 1084 PLAZA DR. (Address) KISSIMMEE FL 34743 (City/State and Zip Code) For further information concerning this matter, please call: CEFERINO ACEVEDO JR. (Area Code & Daytime Telephone Number) (Name of Person)

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

MAILING ADDRESS:

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Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

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Certified Copy

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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