109000061064

(R	equestor's Name)	
(A	ddress)	. <u></u>
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(C	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



700322236157

12/21/18--01022--093 **25.00



C. GOLDEN JAN - 9 2019

COVER LETTER

TO: Registration Section Division of Corporations

WELFARE REAL ESTATE 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)
ROCA GONZALEZ PA
(l'irm/Company)
3370 MARY STREET
(Address)
MIAMI, FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN KAHL	", 305	859-6050
(Name of Person)	(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 &

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

Certified Copy (additional copy is enclosed)

FILED

2018 DEC 21 PM 2: 30

Salv ATARY OF STATE TALLAHASSEE, FL

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is WELFARE REAL ESTATE LLC		
2.	The Articles of Organization	n were filed on 07/09/2009 and assigned	
	document number L090000	61064	
3.	(effective Note: If the date inserted in	the dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.	
4.	A description of occurrence 605.0707, Florida Statutes,	that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).	
	UNANIMOUS WRITTEN CONSENT OF THE MEMBERS		
5.	If there are no members, on activities and affairs:	ter the name and address of the person appointed to wind up the company's VINCENZO BABBINI	
		C/O ROCA GONZALEZ, P.A.	
		3370 MARY STREET	
		MIAM1, FL 33133	
6. lis	Signature of an authorized sted above to wind up the co	person or if there are no members, the signature of the person appointed and mpany's activities and affairs:	
4	John th	VINCENZO BABBINI	
	Signature	Printed Name	

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: WELFARE REAL ESTATE LLC
Document number of Limited Liability Company is: L09000061064
Date of dissolution was: 12// 2018
Description of information that must be included in a written claim:
1) NAME OF THE PERSON 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)
WELFARE REAL ESTATE LLC
ATTENTION: VINCENZO BABBINI
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.

VINCENZO BABBINI

Printed Name of the Person Filing

Signature of the Person Filing

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