LCGCCCCO88149

(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:

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 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:			
Melen Tracin the second			
Firm/Company)			
4714 ACDYN Circle			
Sarassta 13423.3 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Pyrson) at (QLL) 180 S454 (Area Code & Daytime Telephone Number)			
(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 & 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	2711.5
Rialto 3110	2019 C T 18 PH 7: 05
2. The Articles of Organization were filed on Solt 14	200° and assigned
document number <u>L0900088149</u>	
3. The delayed effective date the dissolution if not effective on the (effective date cannot be prior to or more than 90 days Note: If the date inserted in this block does not meet the applicable s listed as the document's effective date on the Department of State's re-	tatutory filing requirements, this date will not be
4. A description of occurrence that resulted in the limited liability 605,0707, Florida Statutes, (copy 605,0707 on back cover letter)	.
concluded.	C was
5. If there are no members, enter the name and address of the personactivities and affairs:	on appointed to wind up the company's
6. Signature of an authorized person or if there are no members, the listed above to wind up the company's activities and affairs:	ie signature of the person appointed and
All Mariano Heli	Printed Name
~ ()	ر.

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: KIQL 531.15	
Document number of Limited Liability Company 1090058149	
Date of dissolution was: 2019	
Description of information that must be included in a written claim:	
The purpose of the Herna Con	Quedos.
	2213
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	2
and and with	7:
4-714- Agronn Cical	30
Janus 123,3	

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

Signature of the Person Filing