# 110000028472

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
(50	outlier Nambery			
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2016 APR -7 PH 12: 35

K.SALY EXAMINER APR 11

### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: CARIOS PINNACE GROUP 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:					
Carlos Pinnacl JR. (Name of Person)					
(Name of Person)					
Carlos Pinnace Group LLC (Firm/Company)					
115 Christina Landing Dr. #1106 (Address)					
Wilmungton, DE 19801 (City/State and Zip Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Carlos Pinnale JR. at (424) 343-7596  (Name of Person) (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 \$\times \frac{1}{2}\$\$ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
MAILING ADDECC. CEDERT/COUDIED ADDRECC.					

#### **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

•	FOR		•••
,	A LIMITED LIABIL	ITY COMPANY	2016 APR-7 PM12:35
1. The name of a limited liabili	ty company is		2016 APO
_	nnace GROUP.	HC	PKID: on
2. The Articles of Organization document number	were filed on	March 12, 2010 ar	nd assigned
3. The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	date cannot be prior to or more is block does not meet the a	than 90 days later than date docu pplicable statutory filing requ	
4. A description of occurrence 605.0707, Florida Statutes, (c	copy 605.0707 on back co	d liability company's disso over letter).	lution pursuant to section
	,		
5. If there are no members, ento activities and affairs:	er the name and address of [URIOS Pinn	• ••	vind up the company's
	115 Chfistin	a Landing DR	#1106
	Wilmingtor	1, DE 19801	
6. Signature of an authorized polisted above to wind up the com	erson or if there are no me pany's activities and affa	embers, the signature of the	person appointed and
Modern		Carlos Pinnas Printed Na	L. TR.
Signature		Printed Na	me

**FILING FEE: \$25.00**