## L10000031925

| (Requestor's                            | s Name)               |  |
|---|-----------------------|--|
| (Address)                               |                       |  |
|   |                       |  |
| (Address)                               |                       |  |
| (City/State/Z                           | (ip/Phone #)          |  |
| PICK-UP V                               | VAIT MAIL             |  |
| (Business E                             | ntity Name)           |  |
| (Document Number)                       |                       |  |
| Certified Copies Ce                     | ertificates of Status |  |
| Special Instructions to Filing Officer: |                       |  |

A. LUNT

MAR 29 2010

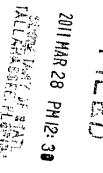
**EXAMINER** 

Office Use Only



900198932229

03/28/11--01049--028 \*\*25.00



## **COVER LETTER**

|  | ation Section<br>on of Corporations    | \  |  |
|--|--|--|--|
| GIGGLEZ, LLC<br>SUBJECT: SORRXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |  |  |
| (Name of Limited Liability Company)                              |  |  |  |
| The enclosed As  | ticles of Dissolution and fee(s) are s | ubmitted for filing.                         |  |
| Please return all  | correspondence concerning this mat     | tter to the following:                       | 2011 HAR 28  |
|  | SVVANA RECA                            | 150  | No.  |
|  | SIWANA RECA                            | (Name of Person)                             |  |
|  |  | (1,2110 01 2 212011)                         |  |
|  | G166                                   | (Firm/Company)                               | PH 12: 3   |
|  |  | (Firm/Company)                               | ω  |
|  | 3400 NE 192n                           | d Street APT#100                             | 3  |
|  | ************************************** | (Address)                                    |  |
| AVENTURA FL 33180  |  |  |  |
| (City/State and Zip Code)  |  |  |  |
| For further infor  | mation concerning this matter, pleas   | e call:                                      |  |
| SI   | wana recalde                           | at (305) 498                                 | 6327   |
|  | (Name of Person)                       | (Area Code & Daytime                         | <del></del>  |
| Enclosed is a chec   | k for the following amount:            |  |  |
| \$25.00 Filing F   | <u> </u>                               | \$55.00 Filing Fee &                         | \$60.00 Filing Fee,  |
| <b>5</b> 1925,00 1 ming 1  | Certificate of Status                  | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
|  | MAILING ADDRESS:                       | STREET/COU                                   | RIER ADDRESS:  |
|  | Registration Section                   | Registration Sec                             |  |
|  | Division of Corporations               | Division of Corp                             | porations  |
|  | P.O. Box 6327                          | Clifton Building                             |  |
|  | Tallahassee, FL 32314                  | 2661 Executive<br>Tallahassee, FL            |  |

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| 1. The name of a limited liability company is   | MX XXX   |
|---|--|
| GIGGLEZ <b>ELC</b> 2. The Articles of Organization were filed on <u>D3123</u> L10 00 00 3 19 25   | and assigned document number   |
| 3. The date the dissolution was approved: 03.20.  |  |
| 4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover letter FOR PERSONAL REASONS WE  | ter).  |
| AND MOVE FORWARD W/ TH  |  |
|   |  |
| All debts, obligations and liabilities of the limited OR-Adequate provision has been made for the debts, of the All remaining property and assets have been distributed amongs and interests.  7. CHECK ONE:  There are no suits pending against the company in OR-Adequate provision has been made for the satisfact entered against it in any pending suit. | obligations and liabilities pursuant to s. 608.4421.                 |
| Signature Signature   | ership interests necessary to approve the dissolution:  Printed Name |
| Silvanor Recolde G  | SILVANA RECALDE  Alejanda Goldsten                                   |
|   |  |
| <u> </u>  |  |
|   |  |