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SECRETARY OF STATE TALL ARRESSEE FLORIDA

C. LEWIS

APR 1 6 2012

EXAMINER

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: NO	vavida Consultants, Li	LC.			
	(Name of L	imited Liabili	ty Company)		
The enclosed Artic	les of Dissolution and fee(s) are sul	bmitted for fil	ing.		
Please return all co	rrespondence concerning this matte	er to the follow	ving:		
Jovanny Cruz					
(Name of Person)					
*****	(Firm/Company)				
6187 NW 167TH Street Suite # H24					
(Address)					
M	Miami FL 33015				
	(City	//State and Zip	Code)		
For further informa	tion concerning this matter, please	call:			
Andres	s Lastre	at (305	345-7829	
- , - ,	(Name of Person)		(Area Code	& Daytime Telephone Number)	
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & led Copy onal copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
$\sqrt{\frac{R}{D}}$	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327		Registra	T/COURIER ADDRESS: tion Section of Corporations Building	

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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TALLAHASSEE, FLORIDA
and assigned document number
2
liability company's dissolution pursuant to section letter).
ted liability company have been paid or discharged. s, obligations and liabilities pursuant to s. 608.4421. among its members in accordance with their respective in any court. faction of any judgment, order or decree which may be
mbership interests necessary to approve the dissolution:
Printed Name
Jovanny Cruz

FILING FEE: \$25.00