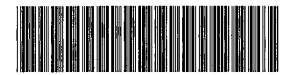
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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/03/17--01034--017 **25.00

J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

LATIN AMERICAN LIFT DISTRIBUTOR 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:

RAFAEL BERTORELLI

(Name of Person)

LATIN AMERICAN LIFT DISTRIBUTOR LLC

(Firm/Company)

1500 WESTON RD. SUITE 200

(Address)

WESTON, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL BERTORELLI

954

449-8708

(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 liabi			
. The Articles of Organization	on were filed on	0	_ and assigned
document number L100000	61201	_	
The delayed effective date (effective Note: If the date inserted in listed as the document's effective	this block does not meet the	applicable statutory filing i	document is received for filing) requirements, this date will not be
A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limit (copy 605.0707 on back o	ed liability company's dicover letter).	ssolution pursuant to section
NO LONGER IN BUSINESS	· · · ·	, <u> </u>	
		,	
If there are no members, en activities and affairs:	iter the name and address MARIANELLA PAEZ	of the person appointed	to wind up the company's
			APR.
. Signature of an authorized sted above to wind up the co	person or if there are no n mpany's activities and aff	nembers, the signature of airs:	f the person appointed and
hia . 022 -		MARIANELLA PAEZ	න සා +:
Signature	<u> </u>	Printed	l Name

FILING FEE: \$25.00