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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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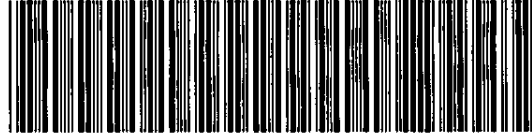
(Business Entity Name)

(Document Number)

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14 DEC 31 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSIVA, 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:

JOSE A. RIESCO

(Name of Person)

RIESCO AND COMPANY

(Firm/Company)

95 MERRICK WAY, SUITE 250

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE A. RIESCO

(Name of Person)

305

at ()

445-0777

(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


1. The name of a limited liability company is
JOSIVA, LLC

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

NO FURTHER BUSINESS PURPOSE.

JOSE A. RIESCO

CORAL GABLES, FL 33134

 Signature

Printed Name _____

14 DEC 31 AM 8:55
SECRETARY OF STATE
ALLAHABAD, FLORIDA