

L100000107684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

JAN 22 2014

J. BRANT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAS MERCEDES BOUTIQUE,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:

ARIEL ALFONSO

(Name of Person)

LAS MERCEDES BOUTIQUE ,LLC

(Firm/Company)

18260 PINE NUT CT

(Address)

LEHIGH ACRES,FL 33972

(City/State and Zip Code)

For further information concerning this matter, please call:

ARIEL ALFONSO

(Name of Person)

at (786)

468-0846

(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

STATE OF FLORIDA
TALLAHASSEE

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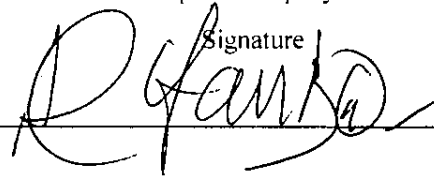
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
LAS MERCEDES BOUTIQUE, LLC
2. The Articles of Organization were filed on 10/15/2010 and assigned
document number L10000107684
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Signature


Printed Name

ARIEL ALFONSO

FILING FEE: \$25.00

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