

L11000007548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800272176888

04/28/15--01031--021 **25.00

FILED
15 APR 28 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers MAY 05 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION OF DE MOTA PARTNERS INTERNATIONAL, 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:

FELIPE DE MOTA

(Name of Person)

(Firm/Company)

18830 NW 65 CT

(Address)

HIALEAH, FL, 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

FELIPE DE MOTA

(Name of Person)

786

991-4848

at (

) (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 liability company is
DE MOTA PARTNERS INTERNATIONAL, LLC
2. The Articles of Organization were filed on JANUARY 14, 2011 and assigned
document number L11000007548
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
THE BUSINESS HAS NOT BEEN PROFITABLE ENOUGH TO DATE.
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:

Felipe De Mota
Signature

FELIPE DE MOTA
Printed Name

FILING FEE: \$25.00

FILED
5 APR 28 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA