| 21180                                                                                             | 0016447                          |
|---------------------------------------------------------------------------------------------------|----------------------------------|
| (Requestor's Name)<br>(Address)<br>(Address)                                                      | 000258985940                     |
| (City/State/Zip/Phone #)                                                                          | 05/01/1401012007 <b>**</b> 25.00 |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | 2014 HAY -1 PH 2:                |
| 18                                                                                                |                                  |
| Office Use Only                                                                                   |                                  |
|                                                                                                   | May 0 J 2014                     |

D. BRUCE

# **COVER LETTER**

TO: Registration Section Division of Corporations

# NETSI COMMERCE LLC

SUBJECT:

(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:

## JONATHAN ASERRAF

(Name of Person)

(Firm/Company)

### 7950 NW 53RD STREET, SUITE 337

(Address)

#### MIAMI, FLORIDA 33166

| (City/State and Zip Code)                                    |      |                           | 24.   | 2014     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------|------|---------------------------|-------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For further information concerning this matter, please call: |      |                           |       | MAY      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| JONATHAN ASERRAF                                             | 305  | 799-1576                  |       | <u> </u> | and the second s |
| (Name of Person)                                             | ·· ( | e & Daytime Telephone Num | iber) | <br>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Enclosed is a check for the following amount:                |      |                           |       | 2: 59    | TEATERINE CON<br>Maria Canal<br>Maria Canal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

\$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 NETSI COMMERCE LLC
- 2. The Articles of Organization were filed on 02/08/201102/08/2011 and assigned

document number L11000016447

- 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).
   COMPANY IS CLOSING

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

| activities and affairs: | <br>                                              | 23       |
|-------------------------|---------------------------------------------------|----------|
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|                         | 54                                                |          |
|                         |                                                   | <u>ന</u> |

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:

ULIO (AK

JULIO CARRERO

Printed Name

FILING FEE: \$25.00