

L11000043738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

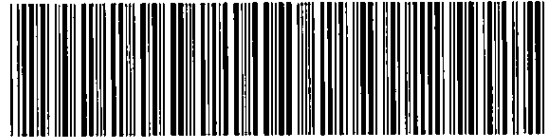
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR -4 PM 3:08

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ALABAMA

OFFICE OF STATE
RECORDS & ADMINISTRATION
MONTGOMERY, AL

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED DISSOLUTION FOR:

ANDALUSIA USA LLC

PLEASE RETURN A CERTIFIED COPY

CHECK# 9571 FOR: \$55.00

ARTICLES OF DISSOLUTION
OF
ANDALUCIA USA, LLC

FILED
2023 FEB -4 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to Section 605.0707, Florida Statutes, this Florida limited liability company submits the following articles of dissolution:

- FIRST: The name of the limited liability company as currently filed with the Florida Department of State is **ANDALUCIA USA, LLC**.
- SECOND: The Articles of Organization were filed on April 12, 2011 and assigned Document Number L11000043738.
- THIRD: The effective date of the dissolution shall be upon the filing of the Articles of Dissolution with the Secretary of State of the State of Florida.
- FOURTH: The dissolution was approved by the written consent of the Member in accordance with Florida Statutes Section 605.0701 (2).
- FIFTH: The manager of the Company was appointed by the Member to wind up the company's activities and affairs.

Signed this 28 day of march, 2023.

ANDALUCIA USA, LLC.

By:



Maria Isabel de Font, Manager

NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, F.S.

The date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

FIRST: The name of the dissolved limited liability company is:
ANDALUCIA USA, LLC.

SECOND: Document Number of Limited Liability Company is:
L11000043738.

THIRD: The information to be provided in the claim shall include the date of the claim, the amount of the claim, and the name of the creditor.

FOURTH: The mailing address where claims can be sent is as follows:
ANDALUCIA USA, LLC.
c/o 8950 SW 74th Ct.
Suite 1901
Miami, FL 33156

FIFTH: A claim against the above-named Company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.



Maria Isabel de Font, sole Manager

SECRETARY OF STATE
TALLAHASSEE, FL

2023 APR -4 AM 9:07

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