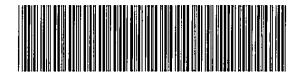
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(Re	equestor's Name)		
(Ad	ldress)		
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PICK-UP	☐ WAIT	MAIL	
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A. RIVERS MAY 1 9 2023

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CREES			
(Name of Limited Liability Company)				
	closed Articles of Dissolution and fee(s) are submitted for filing.			
	Luis Castillo			
	(Name of Person)			
	(Firm/Company)			
	15212 SW 148 Ct.			
	(Address) Miami, FL 33187			
	(City/State and Zip Code)			
For furt	her information concerning this matter, please call:			
	Luis Castillo 305 798-5330 at (
	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed	l is a check for the following amount:			
Ø	\$525.00 Filing Fee and Certificate of Dissolution \$555.00 Filing Fee-Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee			
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited I CREE8	iability company is			
2. The Articles of Organiz	zation were filed on 04/21	and assigned		
document number 1.110	жжжа -			
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
4. A description of occurr 605.0707, Florida Statut	ence that resulted in the li es. (copy 605.0707 on ba	imited liability company's dissolution pursuant to section liek cover letter).		
Owner deceased 2-5-2023				
·				
				
5. If there are no members, activities and affairs:	, enter the name and addr Luis Castillo	ress of the person appointed to wind up the company's		
	15212 SW 148 Ct.	IAR 20		
	Miami, FL 33187	SEE PH		
		2: 50 Lonio		
Signature of an authoriz above to wind up the comp	ed person or if there are n any's activities and affair	no members, the signature of the person appointed and listed s:		
& Carl	ite	Luis Castillo		
Signatur	2	Printed Name		

FILING FEE: \$25.00