

L11000051258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

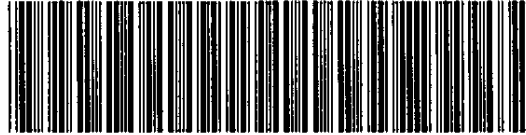
(Document Number)

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02/27/15--01012--021 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 27 PM 1:20

FILED

MAR 12 2015

T. BROWN

Diss.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FINAMAC-USA 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:

BERENICE IPIA-FELICIANO

(Name of Person)

PRATS FERNANDEZ & CO., P.A.

(Firm/Company)

999 PONCE DE LEON BLVD. STE 1110

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

BERENICE IPIA-FELICIANO

(Name of Person)

305

444 8333

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**

**FILED**  
15 FEB 27 PM 1:20  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

FINAMA-USA, LLC

2. The Articles of Organization were filed on 04-29-2011 and assigned

document number L11000051258

3. The delayed effective date the dissolution is 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).

UNANIMOUS DECISION OF ITS OWNERS

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:

Pedro H. Raminelli Arpin  
Signature

PEDRO HENRIQUE RAMINELLI ARPIN  
Printed Name

**FILING FEE: \$25.00**