

L110000 64252

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Term.

R. WHITE

JUN 21 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GUSTAVO A VIERA LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gustavo A Viera

\_\_\_\_\_  
Name of Person

Gustavo A Viera LLC

\_\_\_\_\_  
Firm/Company

9780 E Indigo St Unit 203

\_\_\_\_\_  
Address

Miami, FL 33157

\_\_\_\_\_  
City/State and Zip Code

Gustavo@vieracpa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo A Viera

at ( 305 ) 431-1295

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is: GUSTAVO A VIERA LLC

**SECOND:** The Florida Document number of the limited liability company is: L11000064252

**THIRD:** The date of filing of the initial articles of organization is: 06/01/2011

**FOURTH:** The date of filing of the dissolution is: 06/16/2011

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

*Gustavo A Viera CPA*

Gustavo A Viera

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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