L11000070716

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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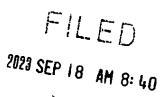
023 SEP 18 AM 8: 40

COVER LETTER

	ition Section n of Corporations						
Ma SUBJECT:	belle Investment Group LLC						
(Name of Limited Liability Company)							
	icles of Dissolution and feets) are submitted correspondence concerning this matter to the						
Anabell Revilla							
•	(Name of Person)						
	William H. Albornoz, P.A.						
•	(Firm(Company)						
	901 Ponce De Leon , Suite 204						
•	(Address)						
	Coral Gables, Florida 33134						
	(City State	and Zip Code)					
For further inform	nation concerning this matter, please call:						
Anabell	Revilla	305 444-1741 at ()					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a check	, for the following amount.						
■ \$25 (0) Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
	Address:	Street Address:					
	ration Section on of Corporations	Registration Section Division of Corporations					
	ox 6327	The Centre of Tallahassee					
Tallaha	issee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liabili Mabelle Investment Group LLC	, ,		TALLAHASSEE. FLO		
2.	The Articles of Organization	were filed on 12/04/2017		and assigned		
	document number 1.1100007	70716				
3.	The delayed effective date th	08/15/2023				
	(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 occurrence (605.0707, Florida Statutes, (c	that resulted in the limited copy 605,0707 on back cov	liability company's dis er letter).	solution pursuant to section		
	The company is not being used.					
		-77				

5.	If there are no members, enter activities and affairs:	er the name and address of Beat Greinacher	the person appointed to	wind up the company's		
						
			<u>-</u>			
6. ab	Signature of an authorized pove to wind up the company's	erson or if there are no mer s activities and affairs:	mbers, the signature of	the person appointed and listed		
	(24/1/	111				
	Finne	1000	Beat Greinacher			
	/ Signature		Printed	Name		

FILING FEE: \$25.00