

L 11 000074302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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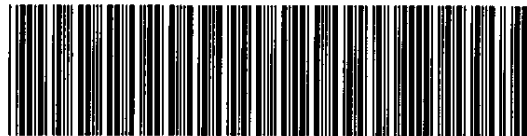
(Business Entity Name)

(Document Number)

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2014 MAY -8 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 14 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON LA RED DE EXPERTOS 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:

ALEX ORTIZ, CPA

(Name of Person)

SUAREZ, ORTIZ & VEGA, CPA'S, PL

(Firm/Company)

354 SEVILLA AVE

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ALEX ORTIZ

305

448-5255

(Name of Person)

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**

1. The name of a limited liability company is

AVALON LA RED DE EXPERTOS LLC

2. The Articles of Organization were filed on 06/27/2011 and assigned

document number L11000074302

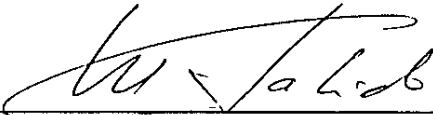
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

(c) upon the written consent of all the members of the limited liability company.

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:

X 
Signature

X MANUEL SABIDO
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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