

L1100077886

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VIVA MOVIL, LLC**

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COVER LETTER

H23000056896

TO: Registration Section
Division of Corporations

SUBJECT: VIVA MOVIL, 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:

David Baghdassarian

(Name of Person)

K&L Gates LLP

(Firm/Company)

200 S. Biscayne Blvd., Suite 3900

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

David Baghdassarian

(Name of Person)

at (305) 539-3300

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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 liability company is
VIVA MOVIL, LLC

2. The Articles of Organization were filed on 7/6/2011 and assigned
document number L11000077886

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)
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 that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
All of the members consented to the dissolution.

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:

DocuSigned by:

Jack Negro

800584654652428...

Signature

Jack Negro

Printed Name

FILING FEE: \$25.00

2023 FEB 13 PM 2:18

LLC

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