

#L11000078420

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000301369 3)))



H140003013693ABC.

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

From:
Account Name : FASTKIT CORP
Account Number: I20100000009
Phone : (305) 599-3839
Fax Number : (305) 592-9591

LLC DISSOLUTION OR WITHDRAWAL
ERVI RESERVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	09
Estimated Charge	\$25.00

RECEIVED

15 JAN -5 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
2015 JAN -5 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALLY
EXAMINER
JAN - 6 2015



January 2, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ERVİ RESERVE, LLC
% DOUGLAS REGISTERED AGENTS LLC
2600 S. DOUGLAS RD, STE 510
CORAL GABLES, FL 33134

SUBJECT: ERVİ RESERVE, LLC
REF: L11000078420

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000301369
Letter Number: 015A00000029

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BUREAU OF COMMERCIAL
INFORMATION SERVICES

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Signature _____ Printed Name ERNESTO J FARALL

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ERV1 RESERVE, LLC

Document number of Limited Liability Company is: L11000078420

Date of dissolution was: 12/30/14

Description of information that must be included in a written claim:

- 1) Name and mailing address of person/entity making the claim
- 2) Description of the nature of the claim and events giving rise to the claim
- 3) Statement of the amount of the claim
- 4) Any other information relevant to the claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

DOUGLAS REGISTERED AGENTS LLC

2600 S. DOUGLAS ROAD 510

CORAL GABLES FLORIDA 33134

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ERNESTO J FARALL

Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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2015 JAN -5 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXHIBIT "A"

FILED

2015 JAN -5 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**UNANIMOUS WRITTEN CONSENT OF MEMBERS
OF ERVI RESERVE, LLC
TO DISSOLVE THE LIMITED LIABILITY COMPANY**

We the undersigned, being the Members and Managers of **ERV I RESERVE, LLC**, a Florida limited liability company ("Company"), hereby unanimously agree to dissolve the Company, and approve the following actions taken or to be taken by the Company:

RESOLVED, that the Members of the Company agree to the voluntary dissolution of the Company and hereby authorize and direct **ERNESTO J FARALL** to take all steps necessary or appropriate to dissolve the Company pursuant to Sections 605.0707 to 605.0701(2) of the Florida Limited Liability Company Act;

RESOLVED, that **ERNESTO J FARALL**, in his capacity as Manager of the Company, in connection with the Dissolution of the Company, is authorized to proceed to execute any and all documents necessary to effectuate same, including but not limited to Articles of Dissolution, notices to creditors, distributions of Company assets, affidavits, bills of sale, certifications, applications, assignments, addenda and/or agreements, receipts, and any other collateral documents and instruments which are required in connection with the Dissolution. A copy of the Articles of Dissolution to be filed with the Florida Secretary of State is attached hereto as Exhibit "A".

RESOLVED, that the Members acknowledge and agree that upon execution of this Unanimous Written Consent, no further amounts shall be withdrawn from any of the Company accounts, and that upon execution hereof, all assets of the Company, including but not limited to bank accounts, goodwill, inventory, real property, personal property and intellectual property, shall be the sole and exclusive property of the Members in proportion to their membership interest in the Company, and to the extent not already distributed to the Members, shall be promptly distributed thereto in accordance therewith; and,

RESOLVED, that in order to dispose of any known and unknown claims against the Company after dissolution, pursuant to Section 605.0711, Florida Statutes, each Member of the Company shall complete and sign the affidavits attached hereto, as Exhibit "B", thereby providing notice to the Company of any and all known claimants or creditors of the Company.

[SPACE INTENTIONALLY BLANK]
[SIGNATURE PAGE FOLLOWS]

Effective for all purposes as of the 31st day of December, 2014.

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2015 JAN -5 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MANAGERS:

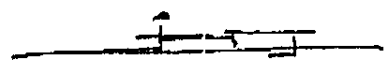


ERNESTO J FARALL



CLAUDIA V SCHIFINO

MEMBERS:



ERNESTO J FARALL



CLAUDIA V SCHIFINO

THE ABOVE BEING ALL THE MEMBERS AND MANAGERS OF THE COMPANY

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2015 JAN -5 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXHIBIT "B"

AFFIDAVIT OF
ERNESTO J FARALL

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned officer, duly authorized to administer oaths and take acknowledgements, personally appeared this day **ERNESTO J FARALL** ("Affiant"), Member and Manager of **ERV1 RESERVE, LLC**, a Florida limited liability company ("Company"), [] who is personally known to me; or, [X] produced Passport as identification, who upon being duly sworn on oath, and in order to effectuate the dissolution of the Company and dispose of the known claims against the Company pursuant to Section 605.0711, Florida Statutes, hereby deposes and says:

1. Affiant hereby certifies that [X] Affiant has no knowledge of any creditors of the Company or [] Affiant is aware that the following persons or entities are known creditors of the Company:

2. Affiant hereby certifies that [X] the Company has no known claims against it or [] Affiant is aware that the following persons or entities have known claims against the Company:

3. Affiant hereby certifies that [X] the Company has no pending or threatened litigation or [] Affiant is aware that the following litigation is pending or threatened against the Company:

4. Affiant hereby certifies that [X] no judgment or decree has been entered in any court of this State or of the United States against the Company and remains unsatisfied or [] Affiant is aware that the following judgments or decrees have been entered against the Company and remain unsatisfied:

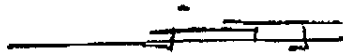
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. Affiant further states that he/she is familiar with the nature of an oath; and with the penalties provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature.
6. Affiant further certifies that he has read, or has had read to him, the full facts of this Affidavit, understands its content and attest to same based on his own personal knowledge.

FURTHER AFFIANT SAYETH NOT.

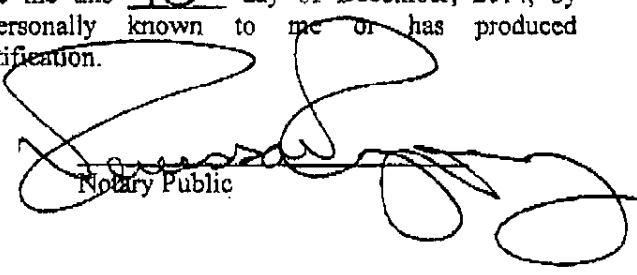


ERNESTO J FARALL

STATE OF FLORIDA)
) ss:
COUNTY OF MIAMI-DADE)

SWORN TO AND SUBSCRIBED before me this 15th day of December, 2014, by
ERNESTO J FARALL, who is personally known to me or has produced
passport as identification.

[Notary Seal]



Notary Public



My commission expires:

FILED

2015 JAN -5 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF
CLAUDIA V SCHIFINO

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned officer, duly authorized to administer oaths and take acknowledgments, personally appeared this day **CLAUDIA V SCHIFINO** ("Affiant"), Member and Manager of **ERVI RESERVE, LLC**, a Florida limited liability company ("Company"), [] who is personally known to me; or, [☒] produced passport as identification, who upon being duly sworn on oath, and in order to effectuate the dissolution of the Company and dispose of the known claims against the Company pursuant to Section 608.4421, Florida Statutes, hereby deposes and says:

7. Affiant hereby certifies that ☒ Affiant has no knowledge of any creditors of the Company or [] Affiant is aware that the following persons or entities are known creditors of the Company:

8. Affiant hereby certifies that ☒ the Company has no known claims against it or [] Affiant is aware that the following persons or entities have known claims against the Company:

9. Affiant hereby certifies that ☒ the Company has no pending or threatened litigation or [] Affiant is aware that the following litigation is pending or threatened against the Company:

10. Affiant hereby certifies that ☒ no judgment or decree has been entered in any court of this State or of the United States against the Company and remains unsatisfied or [] Affiant is aware that the following judgments or decrees have been entered against the Company and remain unsatisfied:

11. Affiant further states that he/she is familiar with the nature of an oath; and with the penalties provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature.

12. Affiant further certifies that he has read, or has had read to him, the full facts of this Affidavit, understands its content and attest to same based on his own personal knowledge.

FURTHER AFFIANT SAYETH NOT.

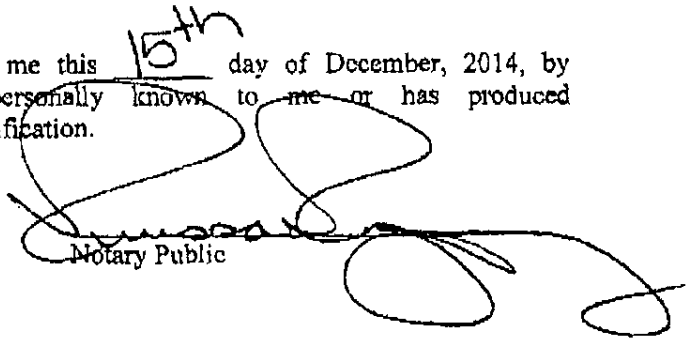

CLAUDIA V SCHIFINO

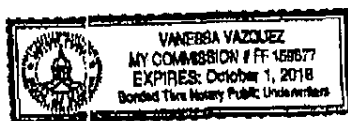
FILED
2015 JAN -5 AM 8:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) ss:
COUNTY OF MIAMI-DADE)

SWORN TO AND SUBSCRIBED before me this 15th day of December, 2014, by
CLAUDIA V SCHIFINO, who is personally known to me or has produced
passport as identification.

[Notary Seal]


Notary Public



My commission expires: