

L11 0000 81697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

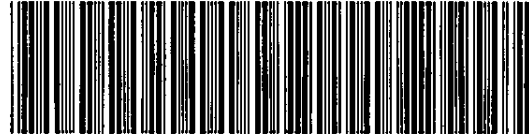
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600256607586

02/14/14--01012--008 \*\*55.00

14 FEB 14 AM 9:50  
STATE OF FLORIDA  
TALLAHASSEE, FL 32310

J. Stivers FEB 17 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LA PREPAGO, LLC

**DOCUMENT NUMBER:** L11000081693

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**YOR MARY VARGAS**

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

**8901 SW 157ND AVE #22**

\_\_\_\_\_  
(Address)

**MIAMI, FL 33196**

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

For further information concerning this matter, please call:

**YOR MARY VARGAS**

\_\_\_\_\_  
(Name of Contact Person)

at **(305) 383-7500**

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

(Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Notice of Limited Liability Company Dissolution

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: LA PREPAGO, LLC

Date of dissolution was: 04/11/2014

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

RUN OUT OF BUSINESS

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

8901 SW 157ND AVE #22  
MIAMI, FL 33196

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.

YOR MARY VARGAS

Printed Name of the Person Filing

  
Signature of the Person Filing

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

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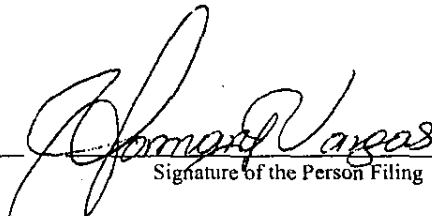
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8901 SW 157ND AVE #22  
MIAMI, FL 33196

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.

YOR MARY VARGAS

Printed Name of the Person Filing



Signature of the Person Filing

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