1110000084588

| (Requestor's Name) | | | | | | |
|---|-------------------|------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SURIECT.

EXETIME, 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:

| Alvaro Castillo | | | | |
|---------------------------------|--|--|--|--|
| (Name of Person) | | | | |
| Castillo & Associates | | | | |
| (Firm/Company) | | | | |
| 1390 Brickell Avenue, Suite 200 | | | | |
| (Address) | | | | |
| Miami, Florida 33131 | | | | |
| (City/State and Zip Code) | | | | |

For further information concerning this matter, please call:

Alvaro Castillo
(Name of Person)

at (305) 371-5540
(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

| EXETIME, LI | | ity company is | | * |
|-------------------------------------|----------------------------------|---|--|--------------------------------------|
| 2. The Articles | of Organization | n were filed on | 07/22/2011 | and assigned |
| document nur | nber <u>L1100008</u> | 34588 | | |
| Note: If the d | effective) ate inserted in t | date cannot be prior to o his block does not med | effective on the date or more than 90 days later that the applicable statutory tment of State's records. | f filing: |
| 4. A description 605.0707, Flor | of occurrence ida Statutes, (| that resulted in the copy 605.0707 on b | limited liability compar ack cover letter). | ny's dissolution pursuant to section |
| Company is no | longer in busin | ess and has liquidated | its operations. | |
| | | | | |
| | | | | |
| | | | | 6 APR |
| . If there are no | members, ent | er the name and add | ress of the person appo | inted to wind up the company's |
| activities and affairs: | Patricia H. De Laull | | 3 | |
| | | | | 9: 5 6 |
| | | | | ``. ` |
| | | | | |
| i. Signature of a isted above to wi | n authorized p ind up the con | erson or if there are | no members, the signard affairs: | ture of the person appointed and |
| Tall | Lapart | 3 | Patricia H. De Lau | 1he |
| | Signaturo | | Printed Name | |