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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: LA DOLCE VITA CONCIERGE SERVICES (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:						
SYNCHA MDSICY (Name of Person)						
(Firm/Company)						
2063 main Street Unit 1507 (Address)						
Mramar FL 33025 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Sylvetta Mosley at (136) 492 3392 (Name of Person) (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 STREET/COURIER ADDRESS: Registration Section Division of Corporations						

P.O. Box 6327

Tallahassee, FL 32314

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						
	LA DOLCE VITY	4 CONCIERGE	SERVICES			•
2.	The Articles of Organization	were filed on 3-30-		and assign	ed	
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective date.	ate cannot be prior to or more that is block does not meet the apple	in 90 days later than d licable statutory fili	ate document is rec		
4.	A description of occurrence 605.0707, Florida Statutes, (c	s dissolution pu				
5.	If there are no members, enter	r the name and address of t	he person appoint	ed to wind up th	ne compa	anv's
	activities and affairs:	Sulve Ha mos	, -		Ĭ.,	
	activities and arrains.	2003 main S	street un	+ 1502	LAHASSEI	# 1 TINF 9
		Miramar FL	<u> 33025</u>			3
					07/	<u> </u>
6. lis	Signature of an authorized potential ted above to wind up the com	rson or if there are no mem pany's activities and affairs	bers, the signature	e of the person	appointe	යා d and
	Signature	<u> </u>	Sylvetta M Prir	ISCU ated Name		
	' 1	/		,		

FILING FEE: \$25.00