## L11000118492

| (Re                     | questor's Name)   |                           |
|-------------------------|-------------------|---------------------------|
| (Ad                     | dress)            |                           |
| (Ad                     | dress)            |                           |
| (Cit                    | ty/State/Zip/Phon | e #)                      |
| PICK-UP                 | ☐ WAIT            | MAIL                      |
| (Bu                     | isiness Entity Na | me)                       |
| (Document Number)       |                   |                           |
| Certified Copies        | _ Certificate     | s of Status               |
| Special Instructions to | A.                | LUNT<br>- 6 2011<br>MINER |
|                         | Office Use O      | mls.                      |



300238033463

08/02/12--01019--009 \*\*\*30.00 FILED

\*\*\*30.00 FILED

\*\*\*30.00 FILED

## **COVER LETTER**

|   | egistration Section<br>(vision of Corporations  |   |  |  |
|---|---|---|--|--|
| SUBJECT: LEGGENDARIO FENICE, LLC.       |   |   |  |  |
| (Name of Limited Liability Company)     |   |   |  |  |
| 1                                       |   |   |  |  |
| The enclose                             | ed Articles of Dissolution and fee(s) are submitte  | ed for filing.  |  |  |
| Please retur                            | rn all correspondence concerning this matter to the   | ne following:   | 1A.S. 28   |  |
| NICOLETTA BUONACCORDO                   |   | 2012 AUG -2 SECRETAR TALLAHASS  |  |  |
| (Name of Person)                        |   | ASS &   |  |  |
| LEGGENDARIO FENICE, LLC.                |   | ~~~ A   |  |  |
|   | (Firm/  | (Company)   | OF STATE   |  |
| 9015 PECKY CYPRESS WAY                  |   |   |  |  |
|   | (A  | ddress)   |  |  |
| ,                                       | ORLANDO, FLORIDA 328  |   |  |  |
| 1                                       | (City/State   | and Zip Code)   | •  |  |
| For further                             | information concerning this matter, please call:  |   |  |  |
| NICOLETTA BUONACCORDO at 321 \ 297-8266 |   |   |  |  |
| _                                       | (Name of Person)  | (Area Code & Daytime  | e Telephone Number)  |  |
| Enclosed is                             | a check for the following amount:   |   |  |  |
| \$25.00 Fil                             | ···   | \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                                     | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| ,                                       | MAILING ADDRESS:; Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET/COU<br>Registration Sec<br>Division of Corp<br>Clifton Building<br>2661 Executive<br>Tallahassee, FL | porations<br>3<br>Center Circle  |  |

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is LEGGENDARIO FENICE, LLC.   | ARE ARY OF  |
|--|---|
| 2. The Articles of Organization were filed on 10/1 L11000118492  | and assigned do unent number  |
| 3. The date the dissolution was approved: 07/31/   | 2012  |
| 4. A description of occurrence that resulted in the lii 608.441. Florida Statutes, (copy 608.441 on back ALL THE MEMBERS AGREED TO | mited liability company's dissolution pursuant to section cover letter).  O DISSOLVED THE LIMITED LIABILITY |
| THE LIMITED LIABILITY COMPAN   | S DO NOT WANT TO CONTINUE WITH  |
| 5. CHECK ONE:  |   |
| -OR-   | e limited liability company have been paid or discharged.   |
|  | e debts, obligations and liabilities pursuant to s. 608.4421.   |
| <ol><li>All remaining property and assets have been distrights and interests.</li></ol>  | ibuted among its members in accordance with their respective  |
| 7. CHECK ONE:  |   |
| There are no suits pending against the co  | mpany in any court.   |
|  | e satisfaction of any judgment, order or decree which may be  |
| Signatures of the members having the same percentage   | of membership interests necessary to approve the dissolution:   |
| Signature  | Printed Name  |
| X Bananowi   | NICOLETTA BUONACCORDO   |
| Y Josepho de Manu.   | JOSEFINA R. BUONACCORDO   |
| <del></del>  |   |
|  |   |
|  |   |

**FILING FEE: \$25.00**