Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALCEDO ATTORNEYS @ LAW, P.A.

Account Number : I20100000021 Phone : (305)375-0640 Fax Number : (305)375-0708

## LLC DISSOLUTION OR WITHDRAWAL FIVE MONKEYS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX APR 2 0 2022

TO: Registration Section Division of Corporations  FIVE MONKEYS LLC  (Name of Limited Liability of The enclosed Articles of Dissolution and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following	
SUBJECT:  (Name of Limited Liability of The enclosed Articles of Dissolution and fee(s) are submitted for filing	
(Name of Limited Liability of The enclosed Articles of Dissolution and fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the following	g.
JORGE R SALCEDO	
(Name of Person)	
SALCEDO ATTORNEYS AT LAW P.A.	
(Firm/Company)	
200 S BISCAYNE BLVD SUITE 2700	
(Address)	
MIAMI, FL 33131	
(C:ty/State and Z:p Co	de)
For further information concerning this matter, please call.	
JORGE R SALCEDO 30:	375-0640
	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	0 Filing Fee, Certificate of Dissolution & rtified Copy (additional copy is enclosed)
Registration Section Regist Division of Corporations Division P.O. Box 6327 The Corporations Tallahassee, FL 32314 2415 3	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  FIVE MONKEYS LLC
2.	The Articles of Organization were filed on 11/10/2011 and assigned
	document number L11000128531
3.	The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	Resolutions approving dissolution of the company were adopted unanimously by the members,
	as permitted by the Florida Revised Limited Liability Company Act.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	SE S
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listenesses to wind up the company's activities and affairs:
	SELVA EIRAS, PRESIDENT
	Signature Printed Name Dri
	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:
Document number of Limited Liability Company is:
Date of dissolution was: February 22, 2022
Description of information that must be included in a written claim:
Claims shall be in writing and include:
1) Name and address of claimant;
2) Claim amount;
3) Basis for the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  22429 THOUSAND PINE LANE
BOCA RATON, FL 33428
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.

Printed Name of the Person Filing

Sign ture of the Person tiling