

21000134579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

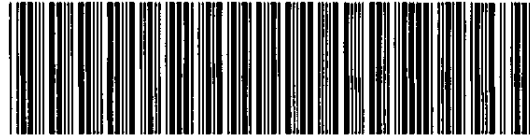
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE FLORIDA

MAY 9 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOFIVIC INVESTMENT, 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:

SARAI I. TORREALBA

(Name of Person)

SOFIVIC INVESTMENT, LLC.

(Firm/Company)

3601 NW 107th Av. STE 101

(Address)

MIAMI FL, 33178.

(City/State and Zip Code)

For further information concerning this matter, please call:

SARAI I. TORREALBA at (786) 546 65

(Name of Person)

(Area Code & Daytime Telephone Number)

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TALLAHASSEE FLORIDA

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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

1. The name of a limited liability company is
SOFIVIC INVESTMENT, LLC.
2. The Articles of Organization were filed on Nov 29, 2011 and assigned
document number L11000134579
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 fil)
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).

Partnership Dissolution.

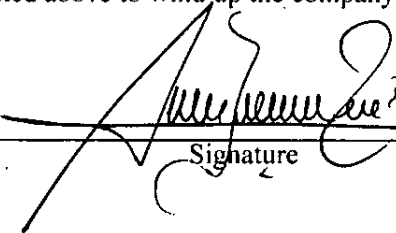
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

SARAI I. TORREALBA.

3601 NW 107th Av. Ste 10

Miami FL, 33178

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

SARAI I. TORREALBA.
Printed Name

FILING FEE: \$25.00

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