

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

LLC DISSOLUTION OR WITHDRAWAL
NIDIBE LLC

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

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2017 JUN 27 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2017 JUN 27 AM 9:33

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K. SALY

JUN 28 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIDIBE 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:

MARIANA SOUZA

(Name of Person)

ACCOUNT BOOKKEEPING CORP

(Firm/Company)

5301 CONROY RD STE 140

(Address)

ORLANDO, FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIANA SOUZA

(Name of Person)

at (407) 898-1757

(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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

NIDIBE LLC

2. The Articles of Organization were filed on 11/29/2011 and assigned

document number L11000134774

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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.

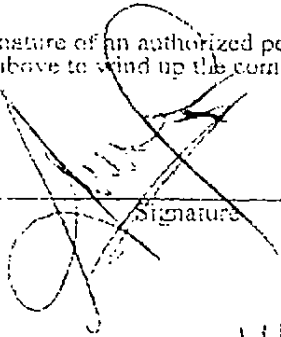
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

THE DISSOLUTION WAS APPROVED BY THE MEMBERS.

DIEGO ARANA PARERA
SOFIA PARERA

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

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

DIEGO A. ARANA PARERA

Printed Name

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June 26, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NIDIBE LLC
2999 NE 191ST STREET
PH 8
AVENTURA, FL 33180US

SUBJECT: NIDIBE LLC
REF: L11000134774

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

ENTIRE FORM IS TOO LIGHT TO READ, PLEASE RETYPE BEFORE SENDING AGAIN

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H17000167830
Letter Number: 617A00012850

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