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Division of Corporations

Fax Number

: (850)617-6383

From:

: E & F LATIN GROUP LLC Account Name

Account Number : 120158000849 Phone : (954)384-8565

; (954)385-5175 Fax Number

LLC DISSOLUTION OR WITHDRAWAL

Certificate of Status	1
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GOLDEN ROBLE L.L.C.

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March 2, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GOLDEN ROBLE L.L.C. 220 RIVERWALK CIRCLE SUNRISE, FL 33326

SUBJECT: COLDEN ROBLE L.L.C.

REP: L12000001625

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 sheat.

The limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

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) 245-6050.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000067969 Letter Number: 920A00004576

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	EN ROBLE L.L.C.		
DOCUMENT NU	MBER:		
The enclosed Notic	e of Limited Liability	Company Dissolution an	d fee are submitted for filing.
Please return all con	respondence concerning	this matter to the follow.	ing:
DIEGO FIGUEROA			
	(Name of	Contact Person)	
B & F LATIN GROUP	LLC	_	
	(Fim	/Company)	
1820 N CORPORATE	LAKES BLVD SUITE 109		
	(Ac	idress)	
WESTON, FL 33326			
	(City/Stat	e and Zip Code)	<del></del>
For firther informat	ion concerning this met	ter, please call:	
DIEGO FIGUEROA	•		565 Daytime Telephone Number)
(Name of	Contact Person)	(Area Code) (	Daytime Telephone Number)
Enclosed is a check	for the following amour	nt:	
□\$25 Filing Fee	■\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status & Certified
Mailing Address Registration Sect Division of Corpe P.O. Box 6327 Tallahassee, FL 3	ion orations	Strest Addres Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	ection orporations Tallahassee oe Street, Suite 810

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

GOLDEN ROBLE L.L.C.	pility company is	
2. The Articles of Organizati	ion were filed on 03/02/2020 and assigned	
document number L12003	001625	
Note: If the date inserted it	the dissolution if not effective on the date of filing: 12/31/2019 we date cannot be prior to or more than 90 days later than date document is receive a this block does not meet the applicable statutory lifting requirements, this ective date on the Department of State's records.	d for filing) date will not bu
4. A description of occurrent 605.0707 Plorida Statutes	ce that resulted in the limited liability company's dissolution pursum, (copy 605,0707 on back cover letter).	nt to section
The company count the oper		
The company ceased the open	itions	
5. If there are no members, c	nter the name and address of the person appointed to wind up the co ROSSANA COMEZ	2020 HAR
	nter the name and address of the person appointed to wind up the co	ompany's 20 HAR
5. If there are no members, co	nter the name and address of the person appointed to wind up the co ROSSANA COMEZ	DZO HAR -D AH 9: 2
5. If there are no members, esactivities and affairs:	nter the name and address of the person appointed to wind up the co ROSSANA COMEZ  220 RIVERWALK CIRCLE  SUNRISE, PL 33326	020 HAR -22 AH 9: 28

## Notice of Limited Liability Company Dissolution

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 a. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

4.000.01.001	
Name of Limi	tod Liability Company:
Document au	nber of Limited Liability Company is:
	ution was:
	information that must be included in a written claim:
Тье сопирану с	omed the operations ,
<u></u>	
Mailing addres	s where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	220 RIVERWALK CIRCLE
	BUNRISE, FL 13326
•	
A claim against commenced wi	the above named limited liability company will be barred unless a proceeding to enforce the claim is thin 4 years after the filling of this notice.
ROSSANA GOI	The Paris Ciliar
	Printed Name of the Person Filing Signature of the Person Filing