

L12 0000 21855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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08/20/14--01009--013 \*\*25.00

14 AUG 20 AM 9:34  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SIFRINAS YYY 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:

SKARLET ALONZO

(Name of Person)

(Firm/Company)

14703 SOUTHERN BLVD

(Address)

LOXAHATCHEE, FL 33470

(City/State and Zip Code)

For further information concerning this matter, please call:

SKARLET ALONZO

(Name of Person)

561

5413925

at ( )

(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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
SIFRINAS YY LLC

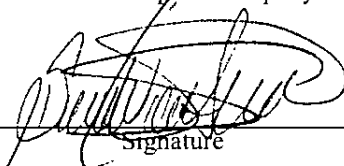
2. The Articles of Organization were filed on 02/14/2012 and assigned  
document number L12000021855

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)

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).  
we are not doing more business and all members aproved the 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: \_\_\_\_\_

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:

X   
Signature

SCARLET ALONZO  
Printed Name

**FILING FEE: \$25.00**

14 AUG 20 AM 9:34