

L12000022491

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY - 5 2013  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZACAPA INVESTMENTS INC.

**DOCUMENT NUMBER:** 612000022491

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sigrid Gorman  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

2360 NW 95th St.  
(Address)

MIAMI FL 33147  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sigrid Gorman at (786) 288-6489  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

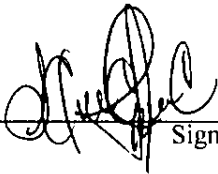
- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy  
(Additional copy is enclosed)      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy  
(Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment 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  
ZACAPA INVESTMENTS LLC
2. The Articles of Organization were filed on 02-15-2012 and assigned  
document number L12000022491
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)
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).  
Closed Business
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

Simeon Gorman

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA

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