

L12000086154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

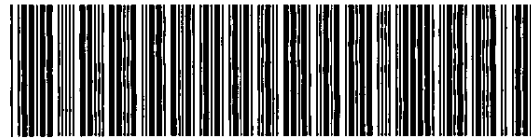
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

P.S.

Office Use Only



300258810193

04/23/14--01005--012 \*\*25.00

FILED  
14 APR 23 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch APR 23 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ITALIAN MIND 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:

ELISA OLIVERIO

(Name of Person)

ITALIAN MIND LLC

(Firm/Company)

690 SW 1st CT APT # 1127

(Address)

MIAMI, FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

ELISA OLIVERIO

(Name of Person)

at ( 786 ) 370 4302  
(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

ITALIAN MIND LLC

2. The Articles of Organization were filed on JULY 02, 2012 and assigned

document number L12000086154

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).

VOLUNTARY DISSOLUTION, CLOSING BUSINESS

FILED  
14 APR 23 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ELISA OLIVERIO, 690 SW 1ST CT, 33130, MIAMI, FL

Elisa Oliverio (APT #1127)

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:

Elisa Oliverio  
Signature

ELISA OLIVERIO  
Printed Name

**FILING FEE: \$25.00**