L12000098285

Office Use Only



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M. MILLIGAN NOV 0 9 2018

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Ineapple Ne	work Services, LLC
SUBJECT: Pineapple Network Services, LLC (Name of Limited Liability Company)	
	6 61
The enclosed Articles of Dissolution and fee(s) are submitted	for Hing.
Please return all correspondence concerning this matter to the	following:
Valorida F	in the c
Yohandra Fr	of Person)
Pineapole N	etwork Services
(Firm/	Company)
6855 Red	Road, Suite 200
· ·	•
Coval Gab	les, F2 33143 and Zip Code)
(City/State	and Zip Code)
	•
For further information concerning this matter, please call:	
Yohandra Fuentes (Name of Person)	ar (786,6627152
(Name of Person)	(Area Code & Daytime Telephone Humber)
•	
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)
MAN ING ANDROG	ernerracinien annere
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DISSOLUTION
	FOR A LIMITED LIABILITY COMPANY
1. The name of a limited liabi	ple Network Services, LLC
	n were filed on July 30, 2012 and assigned
3. The delayed effective date (effective (effective Note: If the date inserted in	the dissolution if not effective on the date of filing: the dissolution if not effective on the date of filing: the date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes, Vote of the	e that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter). — Member.
75.0	
 If there are no members, en activities and affairs: 	ter the name and address of the person appointed to wind up the company's Yohandra Fuentes
	6855 Red Road, Suite 200
	Coral Gables, FZ 33143
6. Signature of an authorized listed above to wind up the con	person or if there are no members, the signature of the person appointed and impany's activities and affairs:
Muste	Yohandia Fuentes Printed Name
Signature	Printed Name FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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 s. 605.0712, F.S.

Name of Limited Liability Company: Pineapple Network Services, LLC

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

Document number of Limited Liability Company is: L120000 98285
Date of dissolution was: Date Fled.
Description of information that must be included in a written claim:
At a minimum, claim must include i name of vendor,
date of service, description of service, amount of
claim, copy of contract/invoice, contact information
for vendor, and Baptist vendor/Po id number.
Additional information may be required.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Yohandra Fuentes
Pineapple Network Services, LLC
6855 Red Road, Suite 200
Coral Gables, Fz 33143

claim is commenced within 4 years after the filing of this notice.

finted Name of the Person Filing

Signature of the Person Filing

A claim against the above named limited liability company will be barred unless a proceeding to enforce the

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00