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COVER LETTER

Registration Section Division of Corporations

TO:

CERRO CASTILLO, LLC BJECT:		
(Name of Lir	nited Liability Comp	pany)
enclosed Articles of Dissolution and fee(s) are subr	nitted for filing.	
ase return all correspondence concerning this matter	to the following:	
Perla Sole Calas, Esq.		
(2)	Same of Person)	
Corvo & Calas		
	imi/Company)	
14750 NW 77th CT. Suite 300		
	(Address)	
Miami Lakes, FL 33016		
(City/	State and Zip Code)	
further information concerning this matter, please ca	atl:	
Chanel Coalla	305 at (827-0084
(Name of Person)		Code & Daytime Telephone Number)
closed is a check for the following amount:		
■ \$25,00 Filing Fee and Certificate of Dissolution		ng Fee, Certificate of Dissolution & Copy (additional copy is enclosed)
Mailing Address:	Street Addre	
Registration Section Division of Corporations	Registratio Division of	n Section Corporations
P.O. Box 6327		of Tallahassee
Tallahassee, FL 32314		onroe Street, Suite 810 c, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is CERRO CASTILLO, LLC
2.	The Articles of Organization were filed on September 11, 2012 and assigned
	document number L12000115896
3.	The delayed effective date the dissolution if not effective on the date of filing: May 3, 2024 (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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). MEMBERSHIP VOTE
	202 TAI
	TO HAY
	If there are no members, enter the name and address of the person appointed to wind up the company is
5.	If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Loreto R. Sebelle
	Signature Printed Name
	FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Loreto R. Sebelle

Printed Name of the Person Filing

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.

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

Name of Limited Liability Company:
Document number of Limited Liability Company is:
Date of dissolution was: May 3, 2024
Description of information that must be included in a written claim:
Nature of Claim with all associated documentation; Name, Address. Phone Number an I Electronic Mail,
Address for Claimant, Amount of Claim, Date Claim Incurred.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Corvo & Calas
14750 NW 77 CT
Suite 300
Miami Lakes, FL 33016
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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