

L12000129944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

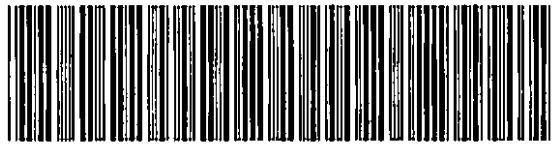
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300310233823

03/13/18--01004--019 \*\*25.00

RECEIVED

MAR 12 2018

CLERK OF SUPERIOR COURT  
CLARK COUNTY, NEVADA

FILED

D. SCOTT  
MAR 14 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lointer South 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:

Alfredo D Xiques  
(Name of Person)

Garcia & Xiques PA  
(Firm/Company)

2950 SW 27 Ave, Suite 100  
(Address)

Miami, Florida 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alfredo Xiques at ( 305 ) 358-4800  
(Name of Person) (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

2018 MAR 12 10:13  
FILED

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

1. The name of a limited liability company is

Lointer South LLC

2. The Articles of Organization were filed on 11/25/2013 and assigned

document number L12000129944

3. The delayed effective date the dissolution if not effective on the date of filing: date of filing  
(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).

Company holds no further assets or liabilities and is no longer active

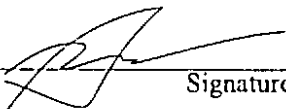
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Amanda De Seta

3900 Loquat Ave

Miami, FL 33133

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

Amanda De Seta, Manager / Sole Member

Printed Name

**FILING FEE: \$25.00**

FILED  
MAR 12 AM 10:19  
STATE OF FLORIDA  
DEPARTMENT OF STATE