

L120006159551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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000262394000

EFFECTIVE DATE

8/15/14

08/14/14--01020--016 **25.00

FILED
14 AUG 14 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
8/15/14

August 07, 2014.

Florida Department of State:

Ref: Dissolution of company L12000159551

Telephone number: 3053737016 and return address: 1410 20 street suite 214
Miami Beach FL 33139.

Regards,

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14 AUG 14 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amberwood New 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:

Monica Tirado
(Name of Person)

Piero Schubert Corporate management.
(Firm/Company)

1410 20th street suite 214
(Address)

miami Beach fl, 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Tirado at (305) 373-70-16
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Amberwood New LLC

2. The Articles of Organization were filed on 12/21/2012 and assigned

document number L12000159551

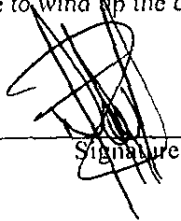
3. The delayed effective date the dissolution if not effective on the date of filing: 08/15/14
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

written Consent of the members

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

Monica Tirado
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA