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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839

Fax Number

: (305)592-9591

LLC DISSOLUTION OR WITHDRAWAL OCEANIC DAWN LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

NOV 10 2022

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Help

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited I OCEANIC DAWN LLC	iability company is		
2. The Articles of Organiz	ation were filed on	2 2/20 13	and assigned
document number L130	0001 (336		
Note: If the date inserted	ctive date cansot be prior to	or more than 90 days later to ect the applicable standor	um date document is received for filing) v filing requirements, this date will not be
A description of occurre 605.0707, Florida Statut	ence that resulted in the es, (copy 605.0707 on b	limited liability compa	ny's dissolution pursuant to section
UNANIMOUS WRITTEN			,
			<u> </u>
·	·	-	
 If there are no members, activities and affairs; 	enter the name and add	dress of the person appo	ointed to wind up the company's
	C/O ROCA GONZ	ALEZ P.A.	
	3370 MARY STRE	Eľ	
	MIAMI, FL 33133		
 Signature of an authorize thove to wind up the compa 	od person or if there are uny's activities and affai	no members, the signa	ture of the person appointed and listed
Luchit		LUCA RIGOLI	
Signature		-	rinted Name

FILING FEE: \$25.00

2022 NOV 14 PM 2: 29

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.

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

Name of Limited Liability Company: OCEANIC DAWN LLC
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
1) NAME AND ADDRESS OF THE PERSON OR ENTITY MAKIING THE CLAIM
2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM
3) STATEMENT OF THE AMOUNT OF THE CLAIM
4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
LUCA RIGOLI
CAO ROCA GONZALEZ P.A.
3370 MARY STREET
MIAMI, FL 33133
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 filling of this notice.
LUCA RIGOLI
Printed Name of the Person Filing Signature of the Person Filing

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