

L130000013665

(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



800262235548

EFFECTIVE DATE 8/15/2014

08/14/14--01020--018 \*\*25.00

FILED  
14 AUG 14 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EPM  
8/14/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Giannoni New Investments 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 Squassola 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

Giannoni new investments LLC

2. The Articles of Organization were filed on 01/28/14 and assigned

document number L13000013665

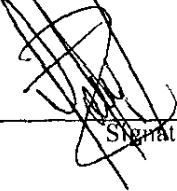
3. The delayed effective date the dissolution if not effective on the date of filing: 08/15/14  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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

FILED  
14 AUG 14 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 07, 2014.

Florida Department of State:

Ref: Dissolution of company L13000013665

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

Regards,

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG 14 PM 2:54

FILED