*L13000014355

	(Red	questor's Nam	ne)	
	(Add	dress)		
	(Add	dress)		
 	(City	//State/Zip/Ph	one #)	
PICK-	-UP	☐ WAIT		MAIL
	(Bus	iness Entity N	Name)	
	(Doc	cument Numb	er)	
Certified Copies		Certifica	ates of	Status
Special Instruction	ons to F	Filing Officer:		

Office Use Only



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BISJAN 26 PH 5: 09

K. SALY EXAMINER FEB - 4 201

COVER LETTER

	gistration Section vision of Corporations							
SUBJECT:	ANCALUY INVESTING LLC							
SUBJECT.	(Name of Limite	ed Liability Compar	ıy)					
The englose	d Articles of Dissolution and fee(s) are submitt	ad for filing						
The enclose	d Afficies of Dissolution and fee(s) are submit	ed for filling.						
Please return	n all correspondence concerning this matter to t	the following:						
	Pilar Lleras							
	(Nam	ne of Person)						
	Optimum Income Property							
	(Fire	n/Company)						
	8303 Firefly Ln							
	(Address)							
Charlotte, NC 28215								
	(City/State and Zip Code)							
For further i	nformation concerning this matter, please call:							
Pi	lar Lleras	980 at (230-1212					
	(Name of Person)		de & Daytime Telephone Number)					
Enclosed is a	check for the following amount:							
✓ \$25.00 Filing Fee and Certificate of Dissolution			g Fee, Certificate of Dissolution & opy (additional copy is enclosed)					
	MAILING ADDRESS:	STR	EET/COURIER ADDRESS:					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
2015 JAN 26 PM 5: 09
SECRETARY OF STATE

1.	The name of a limited liability company is	26						
	ANCALUY INVESTING LLC		TALLAHASSEF.					
2.	The Articles of Organization were filed on	1/29/13	and assigned					
	document number <u>L13000014355</u>							
3.	The delayed effective date the dissolution if not effective on the date of filing:							
4.	A description of occurrence that resulted ir 605.0707, Florida Statutes, (copy 605.0707	the limited liability con back cover letter).	ompany's dissolution pursuant to section					
	Stop business							
			_					
5.	If there are no members, enter the name and	d address of the persor	appointed to wind up the company's					
	activities and affairs:							
6. lis	Signature of an authorized person or if ther sted above to wind up the company's activiti	e are no members, the es and affairs:	signature of the person appointed and					
		Pilar Ller						
	Signature		Printed Name					

FILING FEE: \$25.00