

L13000052193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/06/15--01008--002 **25.00

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2015 NOV -6 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV -9 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Azorean USA 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:

Edmundo Nobre

(Name of Person)

Azorean Aquatic Technologies SA

(Firm/Company)

Edifício YDreams Madan Parque Sul Quinta da Torre

(Address)

2825-149 Caparica Portugal

(City/State and Zip Code)

For further information concerning this matter, please call:

Edmundo Nobre

(Name of Person)

at +351 210314000

(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**

FILED
2015 NOV -6 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Azorean USA LLC

2. The Articles of Organization were filed on April 19 and assigned

document number L13000052193

3. The delayed effective date the dissolution if not effective on the date of filing: October 1st 2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

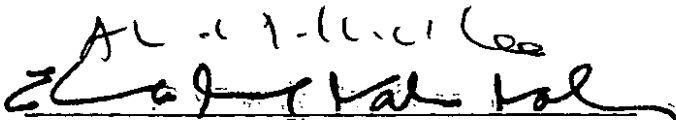
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The unanimous vote of the members to dissolve the company.

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

ANTONIO CÂMARA
Edmundo Nobre
Printed Name

FILING FEE: \$25.00

FILED
2015 NOV -6 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name of Limited Liability Company: Azorean USA LLC

Document number of Limited Liability Company is: L13000052193

Date of dissolution was: October 1st 2015

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Azorean - Aquatic Technologies SA

Edifício YDreams

Madan Parque - Sul Quinta da Torre

2825-149 Caparica Portugal

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 filing of this notice.

ANTÓNIO CÂMARA

Edmundo Nobre

Printed Name of the Person Filing

At a distance
of 1000 feet

Signature of the Person Filing