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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	TIAW [MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: REDBERRY 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:

CAROLYN KAHL
(Name of Person)
ROCA GONZALEZ PA
(Firm/Company)
3370 MARY STREET
(Address)
MIAMI, FL 33133

For further information concerning this matter, please call:

CAROLYN KAHL	305 at (, 859-6050	
(Name of Person)	(Area Code	(Area Code & Daytime Telephone Number)	

(City/State and Zip Code)

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 2019 007 18 PM 7: 03

1. The name of a limited lia REDBERRY LLC	ability company is	<u></u> .
2. The Articles of Organiza	ation were filed on 06/20/20	and assigned
document number L1300	00089213	<u> </u>
Note: If the date inserted	te the dissolution if not effective date cannot be prior to or mo in this block does not meet the ffective date on the Departmen	ective on the date of filing://2019 ore than 90 days later than date document is received for filing) e applicable statutory filing requirements, this date will not b at of State's records.
4. A description of occurre 605,0707, Florida Statute	nce that resulted in the limies, (copy 605.0707 on back	ted liability company's dissolution pursuant to section cover letter).
	CONSENT OF THE MEMBI	·
5. If there are no members, activities and affairs:	enter the name and address	s of the person appointed to wind up the company's POLLONE
activities and artains.	C/O ROCA GONZALE	Z, P.A.
	3370 MARY STREET	
	MIAMI, FL 33133	
6. Signature of an authoriz	ed person or if there are no company's activities and al	members, the signature of the person appointed and ffairs:
Automo/	In diffe	ANTONIO NOMIS DI POLLONE
Signatur	e /	Printed Name

FILING FEE: \$25.00

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: REDBERRY LLC
Document number of Limited Liability Company is: L13000089213
Date of dissolution was: 10/15/2019
Description of information that must be included in a written claim:
1) NAME OF THE PERSON MAKING 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)
REDBERRY LLC
ATTENTION: ANTONIO NOMIS DI POLLONE

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.

ANTONIO NOMIS DI POLLONE

C/O ROCA GONZALEZ, P.A.

3370 MARY STREET, MIAMI, FL 33133

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