

L13000113584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

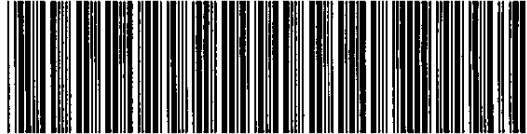
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600287086046

06/20/16--01016--002 **25.00

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16 JUL 14 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 15 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITALY 4 US, 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:

ED GONZALEZ

(Name of Person)

FLORIDA CORPORATE REGISTERED AGENTS, LLC.

(Firm/Company)

3901 NW 79th. AVENUE, SUITE 104

(Address)

DORAL, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

ED GONZALEZ

(Name of Person)

at (305) 477-6969

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2016

ED GONZALEZ
FLORIDA CORPORATE REGISTERED AGENTS, LLC
3901 NW 79TH AVENUE, SUITE 104
DORAL, FL 33166

SUBJECT: ITALY4US, LLC.
Ref. Number: L13000113584

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00013368

2016 JUL 14 PM 4:57
TALLAHASSEE, FLORIDA

16 JUL 14 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed please find the requested documents.

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

ITALY 4 US, LLC.

2. The Articles of Organization were filed on 8-12-2013 and assigned

document number L13000113584

3. The delayed effective date the dissolution if not effective on the date of filing: JUNE 30, 2016
(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).

CONSENT OF ALL 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

PAMELA FALCONI

Printed Name

FILING FEE: \$25.00

16 JUL 1 13
SECRET
TALLAHASSEE
FLORIDA
DE STATE

FILED

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: ITALY 4 US. LLC.

Document number of Limited Liability Company is: L13000113584

Date of dissolution was: JUNE 30, 2016

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

COPY OF INVOICE AND/OR DESCRIPTION OF TRANSACTION
SWORN UNDER OATH.

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

1324 NORMANDY DRIVE

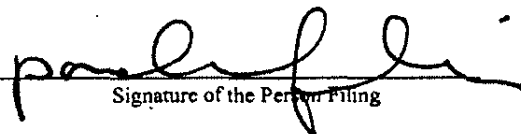
MIAMI BEACH, FL 33141

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16 JUL 14 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

PAMELA FALCONI

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