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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number: I20180000017 Phone : (305)340-2000

: (786)953-6246 Fax Number

LLC DISSOLUTION OR WITHDRAWAL BODEGA BARCELONA LLC

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COVER LETTER

TQ;

Registration Section Division of Corporations

CID IE CT.

BODEGA BARCELONA 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:

ALEX ORTIZ, CPA	
(Name of Person)	
E ALEX ORTIZ, CPA, PA	
(Firm/Company)	=======================================
2727 PONCE DE LEON BLVD	•
(Address)	-
CORAL GABLES, FL 33134	- -
(City/State and Zip Code)	

For further information concerning this matter, please call:

ALEX ORTIZ, CPA at 305 340-2000 (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 BODEGA BARCELONA LLC	
2.	The Articles of Organization were filed on 10/16/20	13 and assigned
	document number L13000145735	_
3.		re than 50 days rater than dair accument is received for fitting) applicable statutory filing requirements, this date will not be
4,	A description of occurrence that resulted in the limi 605.0707, Florida Statutes, (copy 605.0707 on back	ted liability company's dissolution pursuant to section cover letter).
(C) Unless otherwise provided in the articles of organization or operating agreement, upon the written consent		
	of all of the members of the limited liability company.	
		_ <u> </u>
5.	If there are no members, enter the name and address activities and affairs:	of the person appointed to wind up the company's
6. lis	Signature of an authorized person or if there are no sted above to wind up the company's activities and af	members, the signature of the person appointed and Tairs:
	$\mathcal{O}\mathcal{O}$	
		MIRIAM CLOQUELL
	Synature	Printed Name

FILING FEE: \$25.00