

L13000 145785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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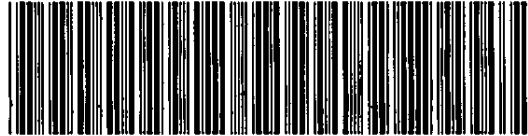
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 12 2016  
J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEL NEGRO, LLC

**DOCUMENT NUMBER:** L13000145785

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALICIA DEL NEGRO

(Name of Contact Person)

DEL NEGRO, LLC

(Firm/Company)

20300 W COUNTRY CLUB DR BLDG 3 PH-4

(Address)

AVENTURA, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

ALICIA DEL NEGRO

(Name of Contact Person)

at ( 305 )

(Area Code)

205-0298

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment 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  
DEL NEGRO, LLC

2. The Articles of Organization were filed on 1/1/2013 and assigned  
document number L13000145785

3. The delayed effective date the dissolution if not effective on the date of filing: 04/02/2016  
(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).

CEASED OPERATIONS

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

ALICIA DEL NEGRO

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA