

L13000 145785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

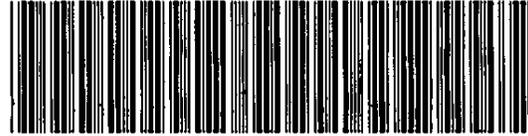
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700284372867

04/11/16--01040--003 **25.00

FILED
16 APR 11 AM 10:19
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

SECRETARY OF STATE
ALLA HASSLER, FLO
16 APR 11 AM 10:19
116610

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