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(Re	equestor's Name)			
(Address)					
(Ac	ddress)	······································			
(Ci	ty/State/Zip/Pho	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	es of Status			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUR IECT.

ONE 4 THREE, 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:

RICARDO GORRIN	
(Name of Person)	
	Tag 3
(Firm/Company)	50 万
401 CAMPANA AVE	24 Z4 SSE
(Address)	THE REPORT OF THE PERSON OF TH
MIAMI, FL 33156	CONT.
(City/State and Zip Code)	

For further information concerning this matter, please call:

RICARDO GORRIN

786

4316954

(Name of Person)

(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

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: ONE 4 THREE, LLC Document number of Limited Liability Company is: L13000151414 Date of dissolution was: OCT./01/2014
Description of information that must be included in a written claim:
VOLUNTARY DISSOLUTION
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 401 CAMPANA AVE, MIAMI, FL 33156
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. RICARDO GORRIN

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ONE 4 THRE	a limited liability company is		
2. The Articles	of Organization were filed on OCI	TOBER 28, 2013	and assigned
document nu	umberL13000151414		
Note: If the	effective date the dissolution if not (effective date cannot be prior to or date inserted in this block does not mee document's effective date on the Depart	t the applicable statutory filing re	OCTOBER, 01 .2014 ocument is received for filing) equirements, this date will not be
4. A descriptio 605.0707, Flo	n of occurrence that resulted in the lorida Statutes, (copy 605.0707 on ba	imited liability company's disack cover letter).	ssolution pursuant to section
VOLUNTAR	Y DISSOLUTION		17 SE 55
			SE SE
			24 P
			15 ST 25 C
5. If there are r	no members, enter the name and add d affairs:	ress of the person appointed t	o wind up the company's
			
6. Signature of listed above to	an authorized person or if there are wind up the company's activities an	no members, the signature of d affairs:	the person appointed and
Xix	000h	RIARDO GORRIN	
	√ Sighatute	Printed	Name

FILING FEE: \$25.00