

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : **ANA M. SANZ**
 Account Number : I20070000136
 Phone : (786)594-4102
 Fax Number : (786)664-3375

LLC DISSOLUTION OR WITHDRAWAL
45 CINNAMON BARK, LLC

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**ARTICLES OF DISSOLUTION
FOR
45 CINNAMON BARK, LLC**

Pursuant to Section 605.0707, Florida Statutes, the undersigned, being the Sole Member of 45 CINNAMON BARK, LLC hereby adopts these Articles of Dissolution pursuant to the following terms and conditions:

1. The name of the limited liability company is 45 CINNAMON BARK, LLC
2. The Articles of Organization were filed on December 16, 2013 and assigned document number L13000173475.
3. The delayed effective date the dissolution if not effective on the date of filing: N/A
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to Section 605.0707, Florida Statutes:

Consent of the Sole Member to Dissolution

5. If there are no members, enter the name and address of the appointed to wind up the company's activities and affairs: N/A
6. Signature of 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: _____

SOLE MEMBER:

ESBELI, S.L.

By:

Name: Estanislao Garavilla

Title: Manager

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Notice of Limited Liability Company Dissolution

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: **45 CINNAMON BARK, LLC**

Document number of Limited Liability Company is: **L13000173475**

Date of dissolution is: **November 6, 2020**

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

The claim must be in writing and must include (A) the name and address of the claimant; (B) the amount of the claim, (C) a detailed description of the nature of the claim; and (D) documentation reasonably supporting the claim.

Mailing address where claims can be sent:

Esbeli S.L.
TXIB/TXAQA 22, 4.
BERMEO BIZKAIA, 48870 SPAIN

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.

SOLE MEMBER:

ESBELI, S.L.

By: 

Name: Estanislao Garavilla

Title: Manager

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