

L14 000006892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

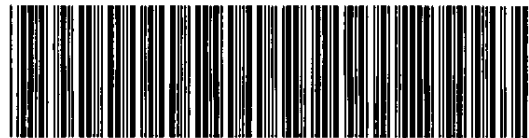
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LARA HOTELS & RESORTS 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:

JAVIER MARKOWICZ

(Name of Person)

MARKOWICZ INTERNATIONAL LAW

(Firm/Company)

2999 NE 191 ST , SUITE 702

(Address)

AVENTURA, FLORIDA, 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

JAVIER MARKOWICZ

(Name of Person)

800

213-1377

at (

(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
LARA HOTELS & RESORTS, LLC

2. The Articles of Organization were filed on JANUARY 13, 2014 and assigned
document number L14000006892

3. The delayed effective date the dissolution if not effective on the date of filing: AUGUST 25, 2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).
BUSINESS IS CLOSING

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: ALAN DOURADO (MANAGER)

10826 NW 51st TRAIL

DORAL, FLORIDA

33178

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

ALAN DOURADO (MANAGER)

Printed Name

FILING FEE: \$25.00

FILED
14 MAY 27 AM 9:47
CLERK OF CIRCUIT COURT
DADE COUNTY FLORIDA