

L14 00000 7380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

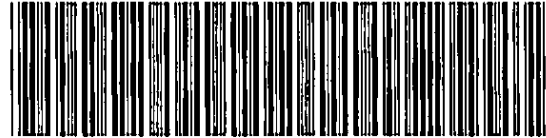
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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25.00

OFFICE OF THE STATE  
CLERK, IN OFFICE

2019 MAR 25 PM 5:56

APPROVED  
AND  
FILED

1.6  
3/23/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ITALIA INDEPENDENT MIAMI 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:

CHRISTOPHER DISCHINO, ESQ.

(Name of Person)

DISCHINO & SCHAMY, PLLC

(Firm/Company)

4770 BISCAYNE BLVD, SUITE 1280

(Address)

MIAMI, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER DISCHINO

(Name of Person)

at ( 786 ) 581-2542

(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

2019 MAR 25 PM 5:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

APPROVED  
AND  
FILED

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

ITALIA INDEPENDENT MIAMI LLC

2. The Articles of Organization were filed on JANUARY 14, 2014 and assigned

document number L14000007380

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).

UNANIMOUS WRITTEN CONSENT OF THE MEMBERS

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:

Giovanni Carlini

Signature

Giovanni Carlini

Printed Name

**FILING FEE: \$25.00**

2019 MAR 25 PM 5:56  
RECEIVED  
DEPARTMENT OF STATE  
FILED  
APPROVED  
AND  
FILED

## 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: ITALIA INDEPENDENT MIAMI LLC

Document number of Limited Liability Company is: L14000007380

Date of dissolution was: APRIL 1, 2019

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

1) NAME AND MAILING ADDRESS OF THE PERSON MAKING THE CLAIM;

2) DESCRIPTION OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM;

3) STATEMENT OF THE AMOUNT OF THE CLAIM;

4) ANY OTHER RELEVANT INFORMATION REGARDING THE CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ITALIA INDEPENDENT MIAMI LLC  
ATTN: DISCHINO & SCHAMY, PLLC  
4770 BISCAYNE BLVD., SUITE 1280  
MIAMI, FLORIDA 33137

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.

Giovanni Carlino  
Printed Name of the Person Filing

Giovanni Carlino  
Signature of the Person Filing

APPROVED  
AND  
FILED  
2019 MAR 25 PM 5:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA