

L14000009640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

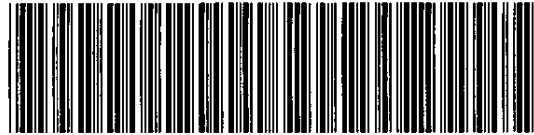
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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JAN 23 2014

N. CAUSSEAU

Filed Name,  
was Not Available  
Choose to diss without  
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the name njc

**Francis M. Switzer**  
**Certified Public Accountant**

1360 South Dixie Highway  
Suite 355  
Coral Gables, Florida 33146  
PH: 305-663-3566 - FAX: 305-665-3060  
EMAIL: FMSWITZER@MSN.COM or FMSWITZER@GMAIL.COM

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FACSIMILE TRANSMITTAL SHEET

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TO: DIVISION OF CORPORATIONS FROM:

\* Attr: Nanette \*

Giselle Loreda

COMPANY:

DIV OF CORP'S.

DATE:

1/23/14

FAX NUMBER:

850-245-6030

TOTAL NO. OF PAGES INCLUDING COVER:

2

PHONE NUMBER:

RE:

SIVA LLC  
DISSOLUTION  
DUPLICATE NAME

NOTES / COMMENTS:

RECEIVED  
14 JAN 23 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
SIVA LLC
2. The Articles of Organization were filed on 1/17/2014 and assigned  
document number L14000009640
3. The delayed effective date the dissolution if not effective on the date of 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).  
Limited Liability Company's name is duplicated in State's records.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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



Printed Name

AVIS NAVARRO**FILING FEE: \$25.00**

**FILED**

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