

L14000020408

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : NEIMAN & INTERIAN, PLLC
Account Number : I20180000010
Phone : (305)530-9400
Fax Number : (305)530-9409

2024 MAR 18 AM 8:15
ALC
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2024 MAR 18 AM 11:07

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL NARS MIAMI, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$60.00

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(((H24000102587 3)))
COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** NARS 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:

ALBERTO INTERIAN, ESQ.

(Name of Person)

NEIMAN & INTERIAN, PLLC

(Firm/Company)

2020 PONCE DE LEON BOULEVARD, SUITE 1005B

(Address)

CORAL GABLES, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERTO INTERIAN, ESQ.

(Name of Person)

305

530-9400

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 Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

NARS MIAMI LLC

2. The Articles of Organization were filed on
- 02/05/2014
- and assigned

document number L14000020408

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).

All of the Members unanimously consented to the dissolution of the company.

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

Alberto Salvioi, Jr., Manager

Printed Name

FILING FEE: \$25.00

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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: NARS MIAMI LLC

Document number of Limited Liability Company is: LI4000020408

Date of dissolution was: _____

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

Detailed description of claim together with proof of claim

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

3818 N. Miami Avenue

Miami, Florida 33127

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.

Alberto Salvioi, Jr., Manager

Printed Name of the Person Filing



Signature of the Person Filing

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

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