3/30/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : 120160000049 : (954)384-8565 Phone : (954)385-5175 Fax Number

> LLC DISSOLUTION OR WITHDRAWAL IRUVEN USA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

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Electronic Filing Menu

Corporate Filing Menu

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	COVER	LETTER	Ψ,
	Registration Section Division of Corporations		
eun iec	IRUVEN USA, LLC		
SUBJEC	(Name of Limited	Liability Compa	ny)
	sed Articles of Dissolution and fec(s) are submitte		
Please ret	urn all correspondence concerning this matter to the	ie following:	
	LUZ ESPITIA		_
	(Name	of Person)	
	E & F LATIN GROUP LLCV		
	(Firm	/Company)	
	1820 N CORPORATE LAKES BLVD SU	TTE 109	
	(A	(ddress)	
	WESTON, FL 33326		
	(City/State	and Zip Code)	
For furthe	er information concerning this matter, please call:		
	LUZ ESPITIA	954 at (	384 8565
•	(Name of Person)	(Area C	ode & Daytime Telephone Number)
	s a check for the following amount: \$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Certified C	g Fec, Contificate of Dissolution & Copy (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	The Centre	Section Corporations of Tallahassee proe Street, Suite 810

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited lia     IRUVEN USA, LLC	bility company is	<del></del> ,
2. The Articles of Organizat	tion were filed on 02/24/2014 and assigned	
document number L14000		
The delayed effective dat (effect   Note: If the date inserted   listed as the document's of	e the dissolution if not effective on the date of filing:  12/31/2020  ive date cannot be prior to or more than 90 days later than date document is received for filing in this block does not meet the applicable statutory filing requirements, this date will fective date on the Department of State's records.	
4. A description of occurrent 605,0707, Florida Statutes	ice that resulted in the limited liability company's dissolution pursuant to se s, (copy 605.0707 on back cover letter).	ction
Voluntary dissolution		
Voluntary dissolution		
Voluntary dissolution		
		<del></del>
5. If there are no members, setivities and affairs:	enter the name and address of the person appointed to wind up the company NEUMAN, JOHN	_
	10380 W Sinte Rd 84 Ste.9	-
	DAVIE, FL 33324	_
6. Signature of an authorize above to wind up the compa	d person or if there are no members, the signature of the person appointed any's activities and affairs:	<u>.</u> :
2	JOHN NEUMAN Printed Name	APR -1
Skumure	FILING FEE: \$25.00	

## 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:
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
voluntary dissolution- closure of operations
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
10380 W State Rd 84 Ste.9
DAVIE, FL 33324
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.
JOHN NEUMAN Signatury of the Person Priling
Printed Name of the Person Filing

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