# L140000000851

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

B. BOSTICK 0CT 1 6 2014

EXAMINER

### COVER LETTER

TO: Registration Section
Division of Corporations

#### COUTINHO BUSINESS LLC

SUBJECT:

(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:

RENAN MESQUITA		
(Name of Person)		
LARSON ACCOUNTING AND CONSULTING SERVICES LLC	4	
(Firm/Company)	SEC	
8615 COMMODITY CIR STE 06	AHA	130
(Address)	1277	H
ORLANDO, FL 32819	of s	$\triangleright$
(City/State and Zip Code)	DRUDA	II: 57

For further information concerning this matter, please call:

RENAN MESQUITA	407	3703686
	_ at (	)
(Name of Person)	(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 liabil COUTINHO BUSINES					·
2.	The Articles of Organizatio	n were filed on 0	3/27/2014		and assigned	
	document number L14000	050851				
3.	The delayed effective date to (effective	he dissolution if a date cannot be prior	not effective to or more than	on the date of filing: 90 days later than date do	cument is received for f	iling)
4.	A description of occurrence 605.0707, Florida Statutes, (COMPANY IS DISCON	copy 605.0707 or	n back cover	letter).	olution pursuant to	section
5.	If there are no members, en	ter the name and a		e person appointed to	1 6.4	- 41 2
	activities and affairs:	3611 N		Street	RETARY AHASSE	
		wonut	Creek,	F1. 33066	OF STATE	
6. lis	Signature of an authorized pated above to wind up the cor	person or if there appany's activities	are no memb and affairs:	pers, the signature of the	he person appointed	l and
	1	=	JO	SE M COUTINHO		
	Signatur	FII	ING FEE:	Printed N <b>\$25.00</b>	lame	