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DIVISION OF CORPORATIONS

15 APR -3 AH II: 24

CL: 2275

COVER LETTER

TO:	Registration Section
	Division of Corporations

21,10101	c. cc.porunon,	•						
SUBJECT:	RIBEIR	O ENTER	PRISES, LI	_c				
	SUBJECT: RIBEIRO ENTERPRISES LLC (Name of Limited Liability Company)							
The enclosed Ar	ticles of Dissolut	ion and fee(s) are	submitted for filin	g.				
DI								
Please return all	correspondence (concerning this ma	atter to the followi	ng:				
	R = .	d -	0.0=.00	A 400				
		AMIN	(Name of Person	AMBR				
			(Name of Person	,				
	RIRE	IPO ENTE	000.556					
	- KIBE	THO ENTE	RPRISES L					
			(rim/Company)				
	11224	0=	0					
	11236	BELMONT	(Address)					
			(Address)					
	700,000	 1	3222					
JACKSONVILLE FL 32220 (City/State and Zip Code)								
		,	City/State and Zip C	.oue;				
For further infor	mation concernir	ig this matter, plea	se call:					
BE:	MIMATH	RIBEIRD	at ((Area Code & Daytime Telephone Number)				
•	(Name	of Person)	,	(Area Code & Daytime Telephone Number)				
Enclosed is a chec	k 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	ity company is		15 APR -3 AM 11: 2
RIBEIRO ENT	TERPRISES LLC		
2. The Articles of Organization	,	B , 2014 and	d assigned
document number <u>L140</u> EIN NUMBER: 46			
3. The delayed effective date t (effective	he dissolution if not effective of date cannot be prior to or more than 9	on the date of filing:N 00 days later than date docur	Ment is received for filing)
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited lial copy 605.0707 on back cover l	oility company's dissol etter).	ution pursuant to section
RIBEIRO ENTERPRISE	S LLC HAD VERY LIMIT	ED FUNDING, THE	COMPANY WAS
	TE INCOME TO BALANI		
RIBEIRO ENTERPRIS	ES LLC AND PERSUE	A DIFFERENT CA	REER PATH IN NURSING
5. If there are no members, en	ter the name and address of the	person appointed to w	ind up the company's
activities and affairs:	BENJAMIN RIBEIR	O AMBR	
	11236 BELMONT O	AICS DR.	
	JACKSONVILLE		
	FLORIDA 32220		
 Signature of an authorized plisted above to wind up the cor 	person or if there are no member npany's activities and affairs:	ers, the signature of the	person appointed and
LDV		-	
Signature		BENJAMIN RIE Printed Na	BEIRO
Signature		Printed Nat	IIIC

FILING FEE: \$25.00