L14000018194

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	∏ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
`	,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300285114233

04/28/16--01007--022 **25.00

ECRETARY OF STATE

APR 29 2016

3 MASON

COVER LETTER

SUBJECT:IXORAS 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:
Trease retain an eortespondence concerning and matter to the forewing.
CHRISTINE P. HERRERA
(Name of Person)
IXDEAS LLC
(Firm/Company)
21726 Little BEAR Ly
(Address)
Boca Raton, Fe 33428
(City/State and Zip Code)
For further information concerning this matter, please call:
aristino P. Herrera = (786) 3190271
(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:

TO:

Registration Section Division of Corporations

> 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 liability company is IXORAS LLC (FEI#: 47-1225869)
2.	The Articles of Organization were filed on 5/14/2014 and assigned
	document number <u>L 14000078194</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 5/1/2016 (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). Members decided to file for dissolution
	since the company was producing losses
	and one of the members moved abroard
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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Signature Cheisting P. Herecci
	FILING FEE: \$25.00 APR 28 A 10: 2 AHASSEE, FLORI