

8/24/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1400085608

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARILI CANCIO JOHNSON P.A.
Account Number : I20160000073
Phone : (305)967-6329
Fax Number : (305)470-7453

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: marilina.mitraud@cytelaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AC RIVA LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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CORPORATION
STATE OF FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AC RIVA 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:

Marili Cancio
(Name of Person)

Marili Cancio Johnson PA
(Firm/Company)

1395 Brickell Ave, Suite 650
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Marili Cancio at (786) 802-2332
(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 liability company is AC RIVA LLC
2. The Articles of Organization were filed on 5/28/2014 and assigned document number 14-00085608
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).
No Business Activity
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Antonio Carlos Soares Correa
13975 Brickell Ave
Suite 650
Miami, FL 33131
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

Printed Name

Antonio Carlos Soares CorreaFILED
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STATE OF FLORIDA