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.

(((H24000257264 3)))



H240002572543ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL

Account Number : I20110000049 Phone : (305)501-4680 Fax Number : (305)359-9543 SEE, FLORID

LLC DISSOLUTION OR WITHDRAWAL SUNRISE RIVIERA, LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$30.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG - 1 2024

(((H24000257264 3)))

(((H24000257264 3)))

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--------------------------|---|--|--|--|--|
| SERI | SUNRISE RIVIERA, LLC | | | | |
| | (Name of Limited Liability Company) | | | | |
| | relosed Articles of Dissolution and fee(s) are subn | | | | |
| ricase | Erika Kitaoka da Silva | to the following. | | | |
| | (Name of Person) | | | | |
| | Barbosa Legal | | | | |
| | (Firm Company) | | | | |
| | 407 Lincoln Rd PH-NE | | | | |
| | (Address) | | | | |
| | Miami Beach, FI, 33139 | | | | |
| | (Chy's | State and Zip Code) | | | |
| For fu | rther information concerning this matter, piease ca | all: | | | |
| | Edwin Cisneros | 305 501-4680 | | | |
| | (Name of Person) | (Area Code & Dayinne Telephone Number) | | | |
| Enclose | ed is a check for the following amount: | | | | |
| | \$25.00 Filing Fee and Certificate of Dissolution | . S55 00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | | | |
| | Mailing Address: Registration Section | Street Address: Registration Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| | P.O. Box 6327 Tallahassee, FL 32344 | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

(((H24000257264/3)))

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| ì. | The name of a limited liability company is SUNRISE RIVIERA, LLC | |
|----------|---|---|
| 2. | The Articles of Organization were filed on $\frac{0}{2}$ | 7 01 2014 and assigned |
| | document number [1,14000105333] | |
| 3. | The delayed effective date the dissolution if i (effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the De | meet the applicable statutory filing requirements, this date will not be |
| 4, | A description of occurrence that resulted in tl 605.0707. Florida Statutes, (copy 605.0707 or | he limited liability company's dissolution pursuant to section in back cover letter). |
| | | S TO THE DISSOLUTION OF THE COMPANY |
| | | |
| 5. | | address of the person appointed to wind up the company's |
| | activities and affairs: | |
| | | |
| 6. ab | Signature of an authorized person or if there sove to wind up the company's activities and a | are no members, the signature of the person appointed and listed (ffairs) |
| | toshi Yoshimura mshimus 1842,2024,2024,2038,407 | HITOSHI YOSHIMURA |
| | Signature | Printed Name |

FILING FEE: \$25.00

(((H24000257264 3)))

Notice of Limited Liability Company Dissolution

FILED 2024 JUL 31 AM 3: 39 FALLAHASSEE, FLORIDA

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: SUNRISE RIVIERA | , I.I.C |
|--|--|
| | 0.001.0.5.2.2.3 |
| Date of dissolution was: | |
| Description of information that must be included in a wri | tten claim: |
| Claim must be in writing and state the name and contact inform | nation of the party making the claim and detailed |
| allegations. | |
| | |
| | |
| | |
| Mailing address where claims can be sent: (Claims canno | |
| 407 LINCOLN RD PH-NE MIAMI BEACH, FL 331 | |
| | |
| | |
| A claim against the above named limited liability comparclaim is commenced within 4 years after the filing of this | ny will be barred unless a proceeding to enforce the |
| Edwin Cisneros | Edwin Cianeros |

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

Signature of the Person Filing

Printed Name of the Person Filing