

L14000109018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

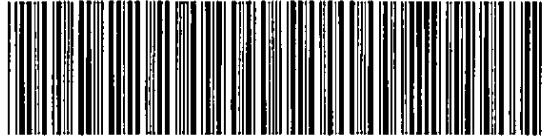
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/27/20--01021--005 \*\*25.00

01/27/20--01021--005 \*\*25.00

FILED  
20 JAN 27 PM 1:46  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

FEB 20 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AG ARCHITECTURAL DESIGN, 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:

Pablo Allamand

\_\_\_\_\_  
(Name of Person)

AG CC, LLC

\_\_\_\_\_  
(Firm/Company)

1385 Coral Way, Ste 202

\_\_\_\_\_  
(Address)

Miami, FL 33145

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pablo Allamand

\_\_\_\_\_  
(Name of Person)

786

2001045

at (\_\_\_\_\_) \_\_\_\_\_

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

AG ARCHITECTURAL DESIGN, LLC

2. The Articles of Organization were filed on 07/10/2014 and assigned

document number L14000109018

3. The delayed effective date the dissolution if not effective on the date of filing: 1/22/2020  
(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).

Completion of affordable housing designs according to business plan.

This would signify the end of the LLC's business purpose.

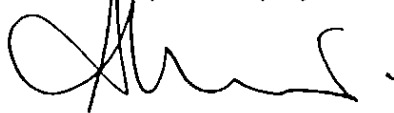
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Pablo Allamand

1385 CORAL WAY, SUITE 202

MIAMI, FL 33145

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

Pablo Allamand

Printed Name

**FILING FEE: \$25.00**

FILED  
20 JAN 27 PM 1:06  
STATE OF FLORIDA  
ALLAMAND PABLO