

L14000126129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100290792651

09/30/16--01030--013 **25.00

FILED
2016 SEP 30 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

OCT - 3 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MATOGARRA INVESTMENTS 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:

Gabriel Klefenz Mendes

(Name of Person)

MATOGARRA INVESTMENTS LLC

(Firm/Company)

6925 Lake Ellenor Dr. Suite 101

(Address)

Orlando, FL 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

Diogo Passos

(Name of Person)

at (407) 544-3244

(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**

FILED
2016 SEP 30 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
MATOGARRA INVESTMENTS LLC

2. The Articles of Organization were filed on 08/12/2014 and assigned
document number L14000126129

3. The delayed effective date the dissolution if not effective on the date of filing: 09/20/2016
(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).

COMPANY HAS NOT HAD ENOUGH BUSINESS TO KEEP OPERATING. BOTH PARTNERS DECIDED

IT WOULD BE BEST TO DISSOLVE THE COMPANY IN COMMON AGREEMENT.

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

6925 LAKE ELLENOR DR. SUITE 101, ORLANDO, FL 32809

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

Gabriel Klefenz Mendes

Printed Name

FILING FEE: \$25.00