

L14000126673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

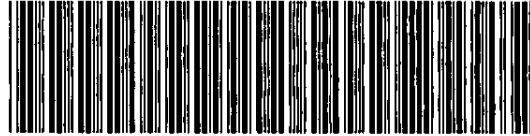
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000270853490

04/02/15--01022--008 \*\*25.00

SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
15 APR - 2 PM 12:36

C.L.  
4-20-15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4143 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:

Antonio del Monaco

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

4143 Investments LLC

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

31 SE 5th St. # 3102

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

Miami, FL 33131

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

For further information concerning this matter, please call:

Antonio del Monaco

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

305

340 7307

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/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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 APR -2 PM 12:36

1. The name of a limited liability company is  
4143 Investments LLC

2. The Articles of Organization were filed on August 13, 2014 and assigned  
document number L14000126673

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)

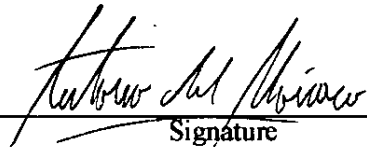
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
Business ceased operations

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 del Monaco

31 SE 5<sup>th</sup> St Apt 3102

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

Antonio del Monaco  
Printed Name

**FILING FEE: \$25.00**