Plorida Department of State
Division of Corporations

Electronic Eiling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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

TO TO TO THE STATE OF THE STATE

LLC DISSOLUTION OR WITHDRAWAL R.L. JADE PROPERTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Registration Section Division of Corporations			
CIID IL	R.L. JADE PROPERTY, LLC			
SUBJECT: (Name of Limited Liability Company)				
	closed Articles of Dissolution and fee(s) are submitte			
	Erika Kitaoka da Silva			
	(Name	e of Person)		
	Barbosa Legal			
(Firm/Company)		(Company)		
	407 Lincoln Rd PH-NE			
		Address)		
	Miami Beach, FI. 33139			
	(City/Stat	e and Zip Code)		
For fur	ther information concerning this matter, please call:			
	Edwin Cisneros	305 501-4680		
	(Name of Person)	at () (Area Code & Daytime Telephone Number)		
Enclose	ed is a check for the following amount:			
į	\$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		
		Taliahassee, FL 32303		

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is		
	R.L. JADE PROPERTY, LLC		
2.	The Articles of Organization were filed on and assigned and assigned		
	document number		
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.		
1.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).		
	THE SOLE MEMBER CONSENTS AND APPROVES TO THE DISSOLUTION OF THE COMPANY		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs:		
	• • •		
5. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
	REGINALDO CORREIA LOUREIRO		
	REGINALDO CORREIA LOUREIRO Signature Printed Name		
	FILING FEE: \$25.00		

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Edwin Cisneros

Printed Name of the Person Filing

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: R.L. JADE PROPERTY, LLC
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Claim must be in writing and state the name and contact information of the party making the claim and detailed
allegations.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
407 LINCOLN RD PH-NE MIAMI BEACH, FL 33139
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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

Edwin Cisneros

Signature of the Person Filing