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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NEIMAN & INTERIAN, PLLC
Account Number : I20180000010
Phone : (305)530-9400
Fax Number : (305)530-9409

**LLC DISSOLUTION OR WITHDRAWAL
RMV CULINARY ENTERPRISE CENTER, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

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COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** RMV CULINARY ENTERPRISE CENTER, 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:

ALBERTO INTERIAN, ESQ.

(Name of Person)

NEIMAN & INTERIAN, PLLC

(Firm/Company)

2020 PONCE DE LEON BOULEVARD, SUITE 1005B

(Address)

CORAL GABLES, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERTO INTERIAN, ESQ.

(Name of Person)

305

530-9400

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

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

1. The name of a limited liability company is

RMV CULINARY ENTERPRISE CENTER, LLC

2. The Articles of Organization were filed on
- 08/26/2014
- and assigned
-
- document number
- L14000134122

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.

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).
-
- All of the Members unanimously consented 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: _____

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:


SignatureDora Infante
Printed Name

FILING FEE: \$25.00

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