1/4000/43487

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
/D.	siness Entity Nan	no)		
(60	isiness Enuty Ivai	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
	·g			

· Office Use Only



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2016 APR 25 PM 4: 28

K.SALY EXAMINER APR 26

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	Vidaorre, LLC	
	(Name of Limited	Liability Company)
The enclosed	Articles of Dissolution and fee(s) are submitte	d for filing.
Please return	all correspondence concerning this matter to the	e following:
	Gabriela Sardi	•
	(Name	of Person)
	(Firm)	Company)
	13835 SW 107th	Ter
	(A	ddress)
,	Miami, FL 33186	
	(City/State	and Zip Code)
For further in	formation concerning this matter, please call:	
C	arlos E. Sardi	at (305) 697-8690
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a c	heck for the following amount:	
\$25.0	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

PILED

2016 APR 25 PH 4: 28

MALLAHASSEE, FLORID.

l.	The name of a limited liability Vidaorre, LLC	y company is		TALLAHASSEE, FL
2.	The Articles of Organization	were filed on		and assigned
	document number L14000143	487		
3.	The delayed effective date the (effective date) Note: If the date inserted in this listed as the document's effective date.	s block does not meet the a	ppincable statutory filing req	May 1st, 2016 cument is received for filing) puirements, this date will not be
4.	A description of occurrence the 605.0707, Florida Statutes, (co	nat resulted in the limited opy 605.0707 on back co	l liability company's diss ver letter).	olution pursuant to section
	Company ceased of operations.	All the Company's debts, of	ligations, and liabilities hav	e been paid or discharged.
	The Company's property and ass			
•				
5.	If there are no members, enter activities and affairs:	the name and address o	f the person appointed to	wind up the company's
6. lis	Signature of an authorized per ted above to wind up the comp	rson or if there are no me any's activities and affa	embers, the signature of the signature o	he person appointed and
4			Gabriela Sa	ardi, MGR
_	Signature		Printed N	lame

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

FILED
APR 25 h
TALLAHASSAY OF STATE
on of payment of Finding

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of p

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Vidaorre, LLC
Document number of Limited Liability Company is: L14000143487
Date of dissolution was: May 1, 2016
Description of information that must be included in a written claim:
Name of creditor, amount, and basis of claim together
with all supporting documentation.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Gabriela Sardi 13835 SW 107th Ter
Miami, FL 33186

Gabriela Sardi, MGR

Printed Name of the Person Filing

claim is commenced within 4 years after the filing of this notice.

Signature of the Person Filing

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

A claim against the above named limited liability company will be barred unless a proceeding to enforce the