

L14000 150290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

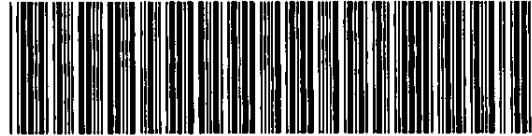
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 09 2015
L. H. P. C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of 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:

Louanni Cesaro
(Name of Person)
LEMA Imports/Export LLC
(Firm/Company)
479 SW 3rd Street Apt 5
(Address)
Miami, FL 33130
(City/State and Zip Code)

For further information concerning this matter, please call:

Louanni Cesaro 786 486-5022
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$25.00 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
2001 Executive Center Circle
Tallahassee, FL 32301

2015 SEP - 8 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of the limited liability company is:

LEMA Importacao e exportacao, LLC

2. The Articles of Organization were filed on August 16, 2015 and assigned

document number 141000150290

3. The delayed effective date for dissolution (if not effective on the date of filing):

N/A

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

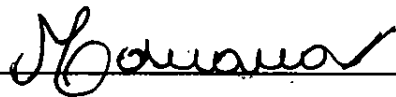
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Inactivity

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

6. Signature of an authorized person or if there are no members, the signature of the person appointed as listed above to wind up the company's activities and affairs:



Mariana B. Guedes Estrela

FILING FEE: \$25.00

FILED
2015 SEP - 8 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Florida
Division of Corporations

SUBJECT: Dissolution of LLC

DOCUMENT NUMBER: L14000150290

Enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louanni Cesario
(Name of Contact Person)

LEMA Importacao e exportacao, LLC
(Firm/Company)

479 SW 3rd Street Apt 5
(Address)

Miami, FL 33130
(City/State and Zip Code)

For further information concerning this matter, please call:

Louanni Cesario
(Name of Contact Person)

786
(Area Code)

486-520-1114
(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations,
P.O. BOX 6321
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Cotton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA