

L140000156410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

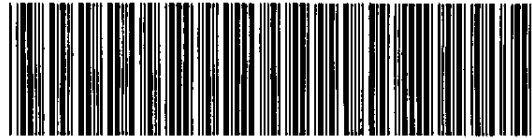
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/10/15--01025--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 10 PM 3:15

Art Diss
@ 4.23.15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Gelati 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:

Alexandre Ballerini P.A.
(Name of Person)

(Firm/Company)

927 Lincoln Road Suite 200
(Address)

Miami Beach FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Alexandre Ballerini at (305) 507.9697 X 2
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

X \$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
2015 APR 10 PM 3:15

1. The name of a limited liability company is

Florida Gelati LLC

2. The Articles of Organization were filed on 10/7/2014 and assigned

document number L14000156410

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).

Company did not conduct any business.

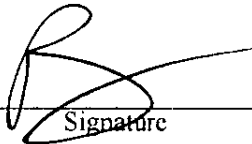
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Alexandre Ballerini

927 Lincoln Road

Suite 200

Miami Beach, FL 33139

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

Alexandre Ballerini
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: Florida Gelati

Document number of Limited Liability Company is: L 14000156410

Date of dissolution was: 4/6/2015

Description of information that must be included in a written claim:


Company did not conduct any business.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

927 Lincoln Road
Suite 200
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.

Alexandre Polkin
Printed Name of the Person Filing


Signature of the Person Filing

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