

L14 000164782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

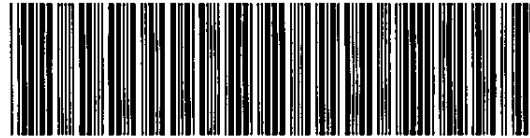
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
14 OCT 30 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANA MARIA GUIMARAES 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:

ANA MARIA GUIMARAES

(Name of Person)

(Firm/Company)

5036 DR PHILLIPS BLVD # 183

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

ANA MARIA GUIMARAES at ( 954 ) 696-1886  
(Name of Person) (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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is

ANA MARIA GUIMARAES LLC

2. The Articles of Organization were filed on OCTOBER 22, 2014 and assigned

document number L14000164782

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).

DO NOT NEED THE LIMITED LIABILITY COMPANY FOR THE INTENDED PURPOSE

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

ANA MARIA GUIMARAES

5036 DR. PHILLIPS BLVD # 183

ORLANDO, FL 32819

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:

Ana Maria Guimaraes  
Signature

ANA MARIA GUIMARAES

Printed Name

**FILING FEE: \$25.00**

FILED  
14 OCT 30 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA