

L1400016998

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1 BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D2P - GHISELLE CLAUDEL LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

MICHEL DE AMORIM

(Name of Person)

DRUMMOND CPA LLC

(Name of Company)

80 SW 8th STREET, SUITE 2000

(Address)

MIAMI, FL 33130

(City, State and Zip Code)

For further information concerning this matter, please call:

MICHEL DE AMORIM

(Name of Person)

781 770-0005

(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
D2P - GHISELLE CLAUDE LLC

2. The Articles of Organization were filed on OCTOBER 31, 2014 and assigned
document number L14000169986

3. The delayed effective date the dissolution if not effective on the date of filing 10/31/2014
(effective date must be prior to or more than 90 days later than the date the 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.

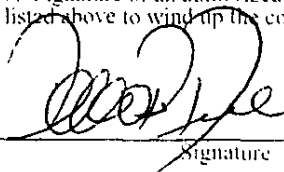
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
N/A

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

RUA BOA ESPERANCA, 66 APT 603

BELO HORIZONTE, MG 30310-730

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

PAULO ROBERTO PEREIRA NO GOMES LUZ
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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