L14000169982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 24 2015
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 fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHEL DE AMORIM
(Name of Person)

DRUMMOND CPA LLC
(Firm/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 at (781) 770-0005
(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 and Certified Copy (additional copy is enclosed)

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TALLAHASSEE, FLORIDA

**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
   D2P - GHISELLI CLAUDEL 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 [illegible]
   (effective date cannot be prior to or more than 90 days later than the date [illegible])
   **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

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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 PERPÉTUO GOMES LUZ
Printed Name

**FILING FEE: $25.00**