

4/1/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000130918 3)))



H210001309183ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL
MANANDRINA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2021 APR -1 PM 3:50

FILED
21 APR -1 AM 11:12
CLERK OF COURT
HALL COUNTY, FLORIDA

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

(((H21000130918 3)))

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

1. The name of a limited liability company is

MANANDRINA, LLC

2. The Articles of Organization were filed on December 12, 2014 and assigned

document number L14000190006

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)
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).

Consent of the Member

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

Olga L. Gallego

8546 Palm Parkway, #361

Orlando, FL 32836

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:

Olga Lucia Gallego B.
Signature

Olga L. Gallego

Printed Name

FILING FEE: \$25.00

(((H21000130918 3)))

(((H21000130918 3)))

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: Manandrina, LLC

Document number of Limited Liability Company is: L14000190006

Date of dissolution was: Upon filing

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

Name of Claimant: _____

Address of Claimant: _____

Amount of Claim: _____

Basis of Claim: _____

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

Olga L. Gallego

8546 Palm Parkway, #361

Orlando, FL 32836

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.

Olga L. Gallego

Printed Name of the Person Filing

Olga L. Gallego

Signature of the Person Filing

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

(((H21000130918 3)))