150000 2392

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone #)	
		IAIL
(Bus	iness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to I	Filing Officer:	
	Office Use Only	



01/22/19--01026--005 ++*25.00



D. BRUCE FEB 21 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2019

DANY ANRAHAM 1625 N COMMERCE PKWY, STE 315 WESTON, FL 33326

SUBJECT: LARFIELD INVESTMENT GROUP, LLC Ref. Number: L15000002392

We have received your document for LARFIELD INVESTMENT GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 619A00001881_...



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www.sunbiz.org

Division of Corporations P.O. BOX 6397 Tollahasson Florida 32214

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	. COVE	ERLETTER			
	gistration Section Asion of Corporations	, *			
SUBJECT:	LARFIELD INVESTMENT GROUP L	LC			
SCBUDCT.		ited Liability Company)			
The enclose	d Articles of Dissolution and fee(s) are submi	atted for filing			
Please return	a all correspondence concerning this matter to	o the following			
	DANY ANRAHAM				
(Name of Person)					
KSDT & COMPANY					
(Firm/Company)					
1625 N COMMERCE PKWY SUITE 315					
(Addross)			 \$70 6	9A10	
	WESTON FL 33325		- <u>'</u>	T 1	ĩ
	(CuwS	tate and Zip Code)	HAS		
For further i	nformation concerning this matter, please cal	1		PH	ΪÌ
DA	NY ABRAHAM	305 670-3370	1 1000		;
	(Name of Person)	(Area Code & Daytime Telephone Ni	unberj	4 24	
Enclosed is a	check for the following amount				
a \$25	00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolut Certified Copy (additional copy is enclo			

MAILING ADDRESS:

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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 liabilit LARFIELD INVESTMENT G					
2.	The Arneles of Organization	were filed on	and assigned			
	document number					
3	3 The delayed effective date the dissolution if not effective on the date of filing					
.4,	605.0707, Florida Statutes, (c	hat resulted in the limited liability company 605.0707 on back cover letter).	npany's dissolution pursuant to section			
5	If there are no members, ente activities and affairs:	r the name and address of the person a				

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

YUVAL MAFTALI CASPI -----

Printed Name

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FILING FEE: \$25.00