

L15000051616

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RAUL VALDES-FAULI, P.A.
Account Number : 120180000021
Phone : (786)870-5083
Fax Number : (786)907-4006

**LLC DISSOLUTION OR WITHDRAWAL
SEVILLE LIBERTYVILLE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2018 DEC 26 PM 11:07

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEVILLE LIBERTYVILLE, 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:

VANESSA LAGANA

(Name of Person)

RAUL VALDES-FAULI, P.A.

(Firm/Company)

355 ALHAMBRA CIRCLE, SUITE 1205

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

VANESSA LAGANA

(Name of Person)

at (786) 870-5083

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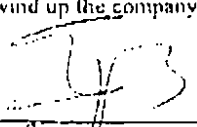
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
SEVILLE LIBERTYVILLE, LLC
2. The Articles of Organization were filed on 03/23/2015 and assigned
document number 115000051616
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)
THE COMPANY CEASED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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

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

IGNACIO BORRERO GOLZUETA, MANAGER

Printed Name

FILING FEE: \$25.00

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