

L15000092436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

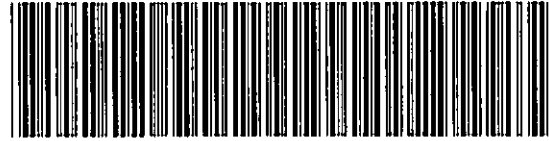
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
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2021 NOV -9 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



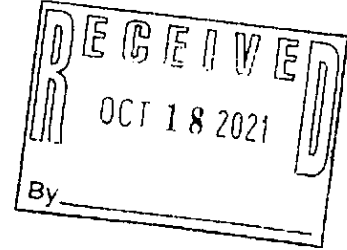
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2021

CAROLYN KAHL
3370 MARY STREET
MIAMI, FL 33133 US

SUBJECT: RIVA DEL SUD LLC
Ref. Number: L15000092436



We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

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) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 621A00024725

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
RIVA DEL SUD LLC

2. The Articles of Organization were filed on 05/26/2015 and assigned
document number 1.15000092436

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).


UNANIMOUS WRITTEN CONSENT OF THE MEMBERS

UNANIMOUS WRITTEN CONSENT OF THE MEMBERS

UNANIMOUS WRITTEN CONSENT OF THE MEMBERS

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

CARLO RAIMONDO

Printed Name

FILING FEE: \$25.00

FILED

2021 NOV -9 PM 1: 11

Notice of Limited Liability Company Dissolution

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: RIVA DEL SUD

Document number of Limited Liability Company is: L15000092436

Date of dissolution was: 09/15/2021

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

- 1) NAME AND ADDRESS OF THE PERSON OR ENTITY MAKING THE CLAIM
- 2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM
- 3) STATEMENT OF THE AMOUNT OF THE CLAIM
- 4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM

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

CARLO RAIMONDO
C/O ROCA GONZALEZ P.A.
3370 MARY STREET
MIAMI, FLORIDA 33133

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.

CARLO RAIMONDO
Printed Name of the Person Filing


Signature of the Person Filing