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.

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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 : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553

Fax Number

: (305)397-8521

LLC DISSOLUTION OR WITHDRAWAL ANDRENCE, LLC

18 AUS 16 PM 4: 56

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\$25.00

T. CLINE

AUG 20 2018

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

ANDRENCE, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

ALEX FERRETTI

(Name of Person)

ANDRENCE, LLC

(Firm/Company)

235 LINCOLN ROAD STE 306

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX FERRETT

,786

5148150

(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 & 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	06/24/2015
he Articles of Organization were filed on	06/24/2015 and assigned
locument number L15000108113	
The delayed effective date the dissolution is (effective date cannot be priority). If the date inserted in this block does not listed as the document's effective date on the E	if not effective on the date of filing: 08/17/2018 ior to or more than 90 days later than date document is received for filing) iot meet the applicable statutory filing requirements, this date will not be Department of State's records.
A description of occurrence that resulted in 05.0707, Florida Statutes, (copy 605.0707	n the limited liability company's dissolution pursuant to section 7 on back cover letter).
COMPANY IS OUT OF BUSINESS	
	•
:	
	5
If there are no members, enter the name an	nd address of the person appointed to wind up the company's
activities and affairs:	
• •	·
	
· · ·	
·	
Signature of an authorized person or if the ed above to wind up the company's activit	ere are no members, the signature of the person appointed and ities and affairs:
Signature of an authorized person or if the ed above to wind up the company's activit	ere are no members, the signature of the person appointed and ties and affairs:
Signature of an authorized person or if the ed above to wind up the company's activit	ere are no members, the signature of the person appointed and ties and affairs: ALEX FERRETT!

FILING FEE: \$25.00

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: ANDRENCE, LLC Document number of Limited Liability Company is: L15000108113 Date of dissolution was: 08/17/2018 Description of information that must be included in a written claim: BRIEF INFORMATION ABOUT CLAIM AND CONTACT INFO Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 235 LINCOLN ROAD, STE 306 MIAMI BEACH, FL 33139 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. ALEX FERRETTI Signature of the Person Filing Printed Name of the Person Filing