(((H21000137342 3)))

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

/tram.sanz

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP

Account Number : I20070000136 : (786)594-4102 Phone Fax Number : (786)664-3375

## LLC DISSOLUTION OR WITHDRAWAL 670 WARREN LANE, LLC

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ARHMF, LLP

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## ARTICLES OF DISSOLUTION FOR 670 WARREN LANE, LLC

Pursuant to Section 605.0707, Florida Statutes, the undersigned, being the Sole Member of 670 Warren Lame, LLC hereby adopts these Articles of Dissolution pursuant to the following terms and conditions:

- 1. The name of the limited liability company is 670 Warren Lame, LLC.
- 2. The Articles of Organization were filed on June 30, 2015 and assigned document number L15000110872.
  - 3. The delayed effective date the dissolution if not effective on the date of filing: N/A
  - 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to Section 605.0707, Florida Statutes:

Consent of the Sole Member to Dissolution

- 5. If there are no members, enter the name and address of the appointed to wind up the company's activities and affairs: N/A
- 6. Signature of 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:

## SOLE MEMBER:

ESBELI, S.L.

Name: Estanislao Garavilla.

Title: Manager

FAX AUDIT NO. H2100013742 3

CIC PINAT.

## Notice of Limited Liability Company Dissolution

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: 670 Warren Lame, LLC

Document number of Limited Liability Company is: L15000110872

Date of dissolution is: April \_\_\_\_\_, 2021

Page; 3 of 3

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

The claim must be in writing and must include (A) the name and address of the claimant; (B) the amount of the claim, (C) a detailed description of the nature of the claim; and (D) documentation reasonably supporting the claim.

Mailing address where claims can be sent:

Esbeli S.L. TXIBITXAGA 22, 4. BERMEO BIZKAIA, 48370 SPAIN

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.

SOLE MEMBER:

ESBELI, S.L.

Name: Estanislao Garavilla

Title: Manager