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| questor's Name)                         |  |  |  |  |  |
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| siness Entity Nan                       | ne)  |  |  |  |  |
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| _ Certificates                          | of Status  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

CHDIECT

# LEVY SARGENTO 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:

# JULISSA ROSADO

(Name of Person)

### DCM SERVICES CENTER

(Firm/Company)

## 7208 N ARMENIA AVE

(Address)

# TAMPA, FLORIDA 33604

(City/State and Zip Code)

For further information concerning this matter, please call:

### JULISSA ROSADO

<u>..</u>,813

990-8630

(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

| 1. The name of a limited lia LEVY SARGENTO LLC   | bility company is                                 |   |  |  |                             |
|--|---|---|--|--|-----------------------------|
| 2. The Articles of Organizat   | ion were filed on $\frac{0}{2}$                   | 7/02/2015                                       | and a  | assigned                               |                             |
| document number L15000   | 0115078   |   |  |  |                             |
| 3. The delayed effective dat (effect Note: If the date inserted i listed as the document's eff | ive date cannot be prior<br>n this block does not | to or more than 90 day<br>meet the applicable s | s later than date documer tatutory filing requiren | nt is received inents, this da         | for filing)<br>ate will not |
| 4. A description of occurren 605.0707, Florida Statutes  | ce that resulted in t                             | he limited liability<br>n back cover letter)    | company's dissoluti                                | on pursuan                             | t to section                |
| BUSINESS NO LONGER C   | PERATION  |   |  | ************************************** |                             |
|  |   |   |  | ECRE                                   | 16 JU                       |
|  |   |   |  | ASSE                                   | 27                          |
|  |   |   |  | S C S                                  | AH 7                        |
| 5. If there are no members, e activities and affairs:  | enter the name and a                              | -   | on appointed to wind                               | l up the con                           | ा<br>pany's                 |
|  | 325 61ST AV                                       | EE  |  |  |                             |
|  | BRADENTOI   | N, FL 34203                                     |  |  |                             |
| 6. Signature of an authorized listed above to wind up the co                                   | person or if there a<br>ompany's activities       | are no members, the and affairs:                | e signature of the pe                              | rson appoir                            | ———<br>ited and             |
| Leyy Saran   | unto  | LEVY SAI  | RGENTO   |  |                             |
| Signature  |   |   | Printed Name                                       |  |                             |

**FILING FEE: \$25.00**