4500126633

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilisas Elita) Hallis,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700317442317

08/27/18--01027--004 **25.00

ZOIN AND 27 AM ID: 58
SECRETARY OF STAT

JE zail

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Enck Trivestments UC (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:					
_	1Ci bi Ci i Person)				
	TTS UC ompany)				
706 SE 14 PL (Address)					
Homastcad FL 33033 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Angel T Areachia (Name of Person)	at (786) 286-1149 (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:	STREET/COURIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TEO

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Erick Investments LLC
2.	The Articles of Organization were filed on $\frac{7/23}{1.5}$ and assigned
	document number
3.	The delayed effective date the dissolution if not effective on the date of filing: 8,2218 (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).
	No longer interested in this field.
	\mathcal{O}^{\cdot}
	<u> </u>
	ALL ALL
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Arcel T. Arencisia
	<u> </u>
	706 SE 14 PC - FA 55
٠.	106 SE 14 PC 75 55 Homestead FL 33033
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Signature Hogel T Arencibic Printed Name
	/ 1 Signature / Printed Name

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.

Document number of Limited Liability Company is:L_1_S_0_0012 (c/c 33) Date of dissolution was:8 22 18	Name of Limited Liability Company: FACK MVESTWETS LLC				
Description of information that must be included in a written claim: I woold like to dissolvte this company decays. T. 10 longer have any next for this held. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) SECRETARY OF STATE Longer T Avencisic Longer T Avencisic SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE 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.	Document number of Limited Liability Company is: <u>L15000126633</u>				
Description of information that must be included in a written claim: I woold like to dissolvte this company decays. T. 10 longer have any next for this held. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) SECRETARY OF STATE Longer T Avencisic Longer T Avencisic SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE 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.	Date of dissolution was: 822/18				
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) SECRETARY OF STATE 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.	•				
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) SECRETARY OF STATE 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.	I would like to dissolute this company decause		_		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) SECRETARY OF STATE 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.					
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.			_		
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.		SECRETA TALLAI	2018 AUG.		
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.		ARY OF ST	27 AM 10		
claim is commenced within 4 years after the filing of this notice.		ATE	Ç.		
Augs / T Ancibic Signature of the Person Filing Signature of the Person Filing		o enforce	the		
	Hus T Ancibic Punted Name of the Person Filing Signature of the Person Filing	ng	_		

· Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00