Florida Department of State

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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 SPOONFULL RE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

H23000435165 3

COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	SPOONFULL RE, LLC		
Some		ited Liability Company)	
The enclose	sed Articles of Dissolution and fee(s) are submi	itted for filing.	
Please retu	um all correspondence concerning this matter to	the following:	
	MASSIMILIANO BARAWITZKA		
	(Na	me of Person)	
	SPOONFULL RE, LLC		
	(Fi	rm/Company)	
	100 LINCOLN RD STE 24		
		(Address)	
	MIAMI BEACH, FL 33139		
	(City/St	ate and Zip Code)	
For further	information concerning this matter, please call	l:	
	MASSIMILIANO BARAWITZKA	786	514-8150
_	(Name of Person)	(Area Code &	Daytime Telephone Number)
Enclosed is	a check for the following amount:	• .	
≡ s:	25.00 Filing Pee and Certificate of Dissolution		Pertificate of Dissolution & Additional copy is enclosed)
	Falling Addisons	C+	
	Iailing Address: egistration Section	Street Address: Registration Secti	on
	Pivision of Corporations	Division of Corpo	orations '
	.O. Box 6327	The Centre of Tal	
T	allahassee, FL 32314	2415 N. Monroe S	•
		Tallahassee, FL 3	2303

H23000435165 3

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company SPOONFULL RE, LLC	is
2. The Articles of Organization were filed	on 07/30/2015 and assigned
document number L15000129828	
(enective date cannot be	on if not effective on the date of filing: 12/31/2023 prior to or more than 90 days fater than date document is received for filing) s not meet the applicable statutory filing requirements, this date will not be the Department of State's records.
4. A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.07	I in the limited liability company's dissolution pursuant to section 07 on back cover letter).
COMPANY OUT OF BUSINESS	
5. If there are no members, enter the name	and address of the person appointed to wind up the company's
activities and affairs:	
	ب
	
 Signature of an authorized person or if the above to wind up the company's activities a 	nere are no members, the signature of the person appointed and listed and affairs:
Massimiliano Barawitzka	MASSIMILIANO BARAWITZKA
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.

	f Limited Liability Company:
Эосите	ent number of Limited Liability Company is: L15000129828
Date of	dissolution was:
Descript	tion of information that must be included in a written claim:
DETAIL	ED INFORMATION ABOUT THE FACTS THAT LEAD TO THE CLAIM. ALSO PROVIDE CLEAR
CONTA	CT DETAILS AS NAME, ADDRESS, EMAIL AND PHONE NUMBER TO BE CONTACTED.
lailing	address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
•	100 LINCOLN RD
-	STE 24
•	MIAMI BEACH, FL 33139
•	

claim is commenced within 4 years after the filing of this notice.

MASSIMILIANO BARAWITZKA Signature of the Person Filing Printed Name of the Person Filing