

L15000 130 108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

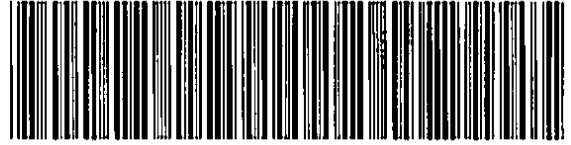
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/2021 11:18:48 AM ***35.00

20 FEB 27 PM 1:48

MAR 20 2021
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIPIAN4586 LLC

(Name of Limited Liability Company)

20 FEB 27 PM 1:48

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

Please return all correspondence concerning this matter to the following:

NOEL ESPINOSA

(Name of Person)

(Firm/Company)

8620 NW 8TH ST

(Address)

MIAMI, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

NOEL ESPINOSA

786

553-9229

at (_____) _____

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

20 FEB 27 PM 1:48

1. The name of a limited liability company is

PIPIAN4586 LLC

2. The Articles of Organization were filed on 07/31/2015 and assigned

document number L15000130108

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019
(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).

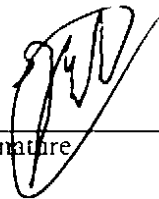
CANCELLATION OF BUSINESS CONTRACT/VOLUNTARY DISSOLUTION

CANCELLATION OF BUSINESS CONTRACT/VOLUNTARY DISSOLUTION

CANCELLATION OF BUSINESS CONTRACT/VOLUNTARY DISSOLUTION

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an 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:



Signature

NOEL ESPINOSA

Printed Name

FILING FEE: \$25.00