L15000140916

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECKETARY OF STATE

K.SALY EXMINER JUL 22

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Divisio | on of Corporations | |
|---------------------|---|---|
| SUBJECT: | Mi Tierra Me | XIANA LLC ited Liability Company) |
| | (Maine of Linh | ned Limbiny Company) |
| The enclosed A | rticles of Dissolution and fee(s) are submi | tted for filing. |
| Please return all | correspondence concerning this matter to | o the following: |
| | | Rodriguez |
| | M, 7, | Terra Mexicuna |
| | 185 | 5. Ronald Leyan Sled #10 |
| | | (Address) |
| | Longwood | The 32750 |
| | (cuive) | atte and 2 tp C ode) |
| For further infor | mation concerning this matter, please call | l: |
| Ki | amm yartniz | 407 252 5605 |
| -/ | (Name of Person) | (Area Code & Daytime Telephone Number) |
| linclosed is a chec | ck 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 | STREET/COURIER ADDRESS: Registration Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| | A LIMITED LIABILITY COMPANY FILED 2016 |
|-----------|--|
| 1. | The name of a fimited liability company is |
| 2. | The Articles of Organization were filed on 8/18/2015 and assigned and assigned and assigned |
| | document number L15000140916 |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: (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). Revenue was law than the expenses |
| | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| | Longwood Fz 32750 |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: |
| <u> </u> | Norma Rodriguez |
| _ | Signature Rrinted Name FILING FEE: \$25.00 |