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| (F | Requestor's Name) |
|------------------------|---------------------------------------|
| (/ | Address) |
| (/ | Address) |
| . (0 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (E | Business Entity Name) |
| (C | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | to Filing Officer: |
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SECRETARY OF SIALE
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COVER LETTER

TO:

Registration Section
Division of Corporations

CID DOT

LENZBURG, 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:

| Gorfinkel |
|---------------------------|
| (Name of Person) |
| Registered Services |
| (Firm/Company) |
| 1930Harrison Street # 208 |
| (Address) |
| Hollywood FL 33020 |

(City/State and Zip Code)

For further information concerning this matter, please call:

Gorfinkel

___305

932-5757

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a pheck 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 liabilit | ty company is | | | | · | |
|-----------|--|--|--|--|--------------------|------------------|---|
| 2. | The Articles of Organization | were filed on08/2 | 27/2015 | and assigned | | | |
| | document number L1500014 | 7065 | | | | | |
| 3. | The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective date that the date inserted in the listed as the document's effective date that the date inserted in the listed as the document's effective date that the date inserted in the listed as the document's effective date that the date inserted in the listed as the document's effective date the date inserted in the listed as the document's effective date the date inserted in the listed as the document's effective date the date inserted in the listed as the document's effective date in the listed as the | ns block does not mee | et the applicable statutory in | ling: April 5, 2017 ate document is received ng requirements, this o | I for fi late w | ling) vill no | t be |
| 4. | A description of occurrence to 605.0707, Florida Statutes, (c | that resulted in the learny 605,0707 on b | limited liability company' | s dissolution pursua | nt to | section | on |
| | The consent of all the members. | • • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 7 8 | |
| | | | | 7. 3. 3. | | PR -4 | |
| | | | | ्र ए न | | H | 12.00 12.00 14.00 16.00 |
| | | | | Lend | | 7: 4.9 | 4. |
| 5. | If there are no members, enter activities and affairs: | er the name and add | • | ed to wind up the co | ompa | ny's | |
| | | 6145 SW 34 STREE | ET MIAMI, FL 33155 | | | | |
| | | | | | | | |
| 6. lis | Signature of an authorized posted above to wind up the com | erson or if there are pany's activities an | e no members, the signatured affairs: | e of the person appo | | and | |
| | Carlos acopin | lenzza | Carlos Vernazza | | | | |
| | Signature | <i>U[]</i> | Pri | nted 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.

| Name of Limited Liability Company: LENZBURG, LLC | |
|--|--------------|
| Document number of Limited Liability Company is: L15000147065 | |
| Date of dissolution was: 4/5/2017 | |
| Description of information that must be included in a written claim: | |
| Name, Date, Address, Amount, Invoice and or Account Number (if applicable), | |
| the date claim matured or debt incurred, and detailed history of claim or debt. | |
| 700 | |
| | ·** |
| SS F | iike Itte |
| | i, |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) | ļ |
| Marcel Tampied, Agent | |
| 6145 SW 34 STREET MIAMI, FL 33155 | |
| | |
| | |
| | |
| 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. | |
| Carlos Vernazza Cula Ostin / Lorano. | |

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

Printed Name of the Person Filing

Signature of the Person Filing