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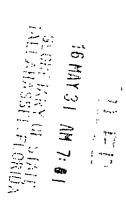
(Re	questor's Name)					
(Ad	dress)					
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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JUN 02 2016 J SHIVERS

COVER LETTER

Division of Corporations									
SUBJECT:	DE	SALES	AND	Paituvi	LLC				
(Name of Limited Liability Company)									
The enclosed Ar	ticles of Dissolution and fo	ee(s) are submitted	for filing.						
Please return all	correspondence concernin	g this matter to the	following:						
	Suspi	V DE	SALES	Ś					
		(Name o	f Person)						
	· · · · · · · · · · · · · · · · · · ·	(D) (G							
	(Firm/Company)								
	1080 94 th street Apt 309								
	_	(Add	ress)						
	Bay t	larbor	FL	33154					
(City/State and Zip Code)									
For further infor	mation concerning this ma	tter, please call:							
Su	ISAN DE (Name of Person)	SAlES	at (78	6,210-0	512				
	(Name of Person)		(Area	Code & Daytime Telephon	e Number)				
Enclosed is a chec	k 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:

TO:

Registration Section

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 liability company is	
	DE SALES AND PAITURI LLC	
2.	The Articles of Organization were filed on	
	document number <u>L 15000150800</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 05/26/2016 (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).	
	One of the members is relocating outside	
	U.S. Very SOON.	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	
	activities and affairs:	
		•
		ij
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 sompany's activities and affairs:	
U	SUSAN DE SA/ES Signature Printed Name	
X	Signature Printed Name	

FILING FEE: \$25.00