

L15000161923

(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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FILED  
2016 AUG 18 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

AUG 19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dunellen Financial III 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:

Eduardo Ayala

(Name of Person)

Ayala Law P.A.

(Firm/Company)

1390 Brickell Ave, Suite 335

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Eduardo Ayala

(Name of Person)

at ( 305 ) 570-2208

(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**FILED**  
**2016 AUG 18 PM 3:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is

Dunellen Financial III LLC

2. The Articles of Organization were filed on September 23, 2015 and assigned

document number L15000161923

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).

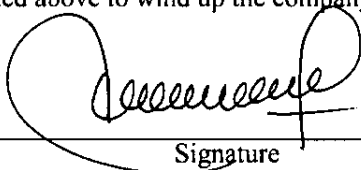
Company was not able to find proper location in the area.

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

1390 Brickell Ave, Suite 335

Miami, FL 33131

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

Maria Tonante

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.

Name of Limited Liability Company: Dunellen Financial III LLC

Document number of Limited Liability Company is: L15000161923

Date of dissolution was: August 4, 2016

Description of information that must be included in a written claim:

Name of claimant

Address

Reasons for claim

Date of incident

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Ayala Law PA

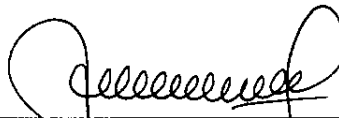
1390 Brickell Ave, Suite 335

Miami, FL 33131

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.

Maria Tonante

Printed Name of the Person Filing



Signature of the Person Filing

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

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TALLAHASSEE, FLORIDA