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(Re	equestor's Name)	-		
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO:

Registration Section Division of Corporations

CHRIECT.

SEACASTLE 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:

ANTONIO REGOJO

(Name of Person)

AVENIDA LEGAL LLC

(Firm/Company)

3550 BISCAYNE BLVD STE 507

(Address)

MIAMI, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO REGOJO

_.,305

814-8299

(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/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 SEACASTLE LLC
2.	The Articles of Organization were filed on 10/12/2015 and assigned
	document number
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 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).
	THE LIMITED LIABILITY COMPANY WAS DISSOLVED UPON UNANIMOUS APPROVAL OF THE
	MEMBERS OF THE COMPANY
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. list	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Marcelo P. Castelnoble Delgado
	Printed Name

FILING FEE: \$25.00

22 th 13 61 RYF mg

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: SEACASTLE	LLC							
Document number of Limited Liability Company is: L15000173488 Date of dissolution was: 1/01/2016 Description of information that must be included in a written claim:								
						NAME, ADDRESS AND PHONE	NUMBER OF	
						CLAIMANT		
DESCRIPTION OF CLAIM, INCL	UDING THE DATE							
AND THE AMOUNT								
Mailing address where claims can be sent: (Claims cannot be sent	to the Division of Corporations)							
3550 BISCAYNE BLVD STE	507 _{50. 28}	1						
MIAMI, FL 33137								
) g						
	The second of th							
A claim against the above named limited liability company will be claim is commenced within 4 years after the filing of this notice.	barred unless a proceeding to enforce the	J						
Marcelo P. Castelnoble Delgado	a continue							
Printed Name of the Person Fiting	Signature of the Person Filing							

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