L15000179148

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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LLC Diss. WINITE



O COMMITTELL



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 January 17, 2022 Name: GREG PINTACUDA 1571850 Reference #: **SPACE 52 LLC** Entity Name:____ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion ☐ Merger ✓ Dissolution/Withdrawal Fictitous Name ✓ Other _____ apon filling need certified copy Authorized Amount:

Signature:



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: January 17, 2022		Account#: 120000000088	
Name: GREG P	INTACUDA		
Reference #:	1571850		
Entity Name:	SPACE 52	LLC	
Articles of Incorp	ooration/Authorization (o Transact Business	
Amendment			
Change of Agen	t		
Reinstatement			
Conversion			
Merger			
☑ Dissolution/With	drawal		
☐ Fictitous Name			
✓ Other	apon fillir	g need certified copy	
Authorized Amount	\$55 H. ///	. <u></u>	
Signature:	187ft		

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COVER LETTER

TO:	Registration Section Division of Corporations					
	SPA	ACE 52, LLC				
SUBJ	SUBJECT: (Name of Limited Liability Company)					
The en	iclosed Articles of Dissolution and fee(s) are submi	itted for filing.				
Please	return all correspondence concerning this matter to	o the following:				
	Stofor	o D'Anielle				
	Stefano D'Aniello					
	(Name of Person)					
	D'Aniello, PA					
	(Firm/Company)					
	7450 Southwest 116th Street					
		(Address)				
	Pinecrest	, Florida 33156				
		tate and Zip Code)				
For fur	ther information concerning this matter, please call	l :				
	Stefano D'Aniello	at (646) 715-8865				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	rd 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:	STREET/COURIER ADDRESS:				
	Registration Section	Registration Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

 The name of a limited lia 	bility company is		
	SPAC	E 52, LLC	
2. The Articles of Organiza	tion were filed on	10/21/2015	and assigned
document number	L15000179148		
Note: If the date inserted	tive date cannot be prior to or	more than 90 days later than the applicable statutory fi	filing:
4. A description of occurred 605.0707, Florida Statute	nce that resulted in the li s, (copy 605.0707 on ba	mited liability company ck cover letter).	y's dissolution pursuant to section
The consent of all the	e members pursuant	to Section 605.0701	(2) of the Florida Statutes
	· ·		
5. If there are no members, activities and affairs:	enter the name and addr	ess of the person appoin	nted to wind up the company's
			20 S JA(
			28 J
	-		= = = = = = = = = = = = = = = = = = = =
			Mar in the
6. Signature of an authorize listed above to wind up the	d person or if there are recompany's activities and	no members, the signatu affairs:	ire of the person appointed and
VA VA			n Garófalo V.
Signature		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:	SPACE 52, LLC
Document number of Limited Liability Company is:	L15000179148
Date of dissolution was: January 14, 2022	_
Description of information that must be included in a wr	ritten elaim;
A brief description of the nature of the claim, the amoun	t of the claim, and the date the claim was incurred.
	<u> </u>
Mailing address where claims can be sent: (Claims cann	ot be sent to the Division of Corporations)
Attention: Finance	e & Legal
2135 NW 1st Avenue M	iami, FL 33127
with a copy to: Stefano D'Ai	niello, D'Aniello PA
7450 Southwest 116th Street,	Pinecrest FL 33156
A claim against the above named limited liability compactain is commenced within 4 years after the filing of this	ny will be barred unless a proceeding to enforce the s notice.
Iván Garófalo V.	
Printed Name of the Person Filing	Signature of the Person Filing