# LI5000186807

(Requestor's Name)
(Address)
(Address)
(City/State/Zıp/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



## 000408346080





;	٢	<b>COVER LETTER</b>	
	n Section		

TO: Registration Section Division of Corporations

Inbest One, LLC

SUBJECT:

,

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Wood, Esq.

(Name of Person)

Ainsworth & Clancy, PLLC

(Firm/Company)

801 Brickell Ave. 8th FL

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Katie Wood		305	6003816
		at (	)
	(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) ...

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

1. The name of a limited liability company is	
Inbest One, LLC	

4

20231 Y -8 PH 12: 44 2. The Articles of Organization were filed on  $\frac{11/03/2015}{2}$ and assigned

document number <u>115000486807</u>

3. The delayed effective date the dissolution if not effective on the date of filing:

(effective date uncertain to refer to or more than 90 days later than date document is received for filing) <u>Note:</u> 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).

voluntary dissolution

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

activities and affairs:

Jorge Aguirre Bauer

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

Jorge Aguirre Bauer

Printed Name

MED

**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.

Inbest One, LLC

L15000186807
Document number of Limited Liability Company is:

Date of dissolution was: \_\_\_\_\_

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

	8-	جير. دريا لا
	PH	- F
	 היה	-
Ļ	FISTATE	IZ: 44 STAT

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

1100 Brickell Bay Dr. #310747

Miami, FL 33231

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.

Jorge Aguirre Bauer

Printed Name of the Person Filing

3

£ 1

Signature of the Person Filing

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