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(Business Entity Name)

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2016 JAN 19 PM 4:29
STATE OF FLORIDA
TALLAHASSEE FL 09100A

JAN 20 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CARIBASIA INVESTMENT, 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:

Marlene Fernandez

(Name of Person)

Doral Notary Corporate Filing Services

(Firm/Company)

13195 SW 9 Terr

(Address)

Miami, FL 33184

(City/State and Zip Code)

For further information concerning this matter, please call:

Marlene Fernandez

(Name of Person)

at **305 436-0979**

(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
CARIBASIA INVESTMENT, LLC.

2. The Articles of Organization were filed on 11/23/2015 and assigned
document number L15000195374

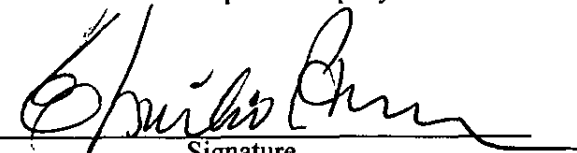
3. The delayed effective date the dissolution if not effective on the date of filing: 01/14/2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, 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).
DISSOLUTION ADOPTED BY THE ONLY MEMBER OF THE LLC WITH NO BUSINESS

ACTIONS OR AFFAIRS TO REPORT.

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

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:

x 
Signature

EMILIO E BROWN

Printed Name

FILING FEE: \$25.00

2016 JAN 19 PM 4:29
STATE OF FLORIDA
TALLAHASSEE