# L/600008714

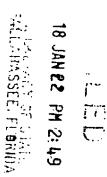
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### **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: HEN' BERTS SECIEND LLC (Name of Limited Liability Company)						
(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:						
HERIBERTS SEDENO SUANEZ						
(Name of Person)						
(Firm/Company)						
2351 Douchas Rd #1308						
(Address)						
MIAMI FL 33145  (City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
HERIDEROD SECIENO SURCEZ at (713) 782 84 39 (Area Code & Daytime Telephone Number)						
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
☐ \$25.00 Filing Fee and Certificate of Dissolution \$\infty\$ \$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

The name of a limited liability	y company is	enibarto S	SECKNO	uc.		
2. The Articles of Organization	were filed on	01/14/2016	and assign	ied		
document number <u>L16</u>	0000087	14				
3. The delayed effective date the (effective date)  Note: If the date inserted in this listed as the document's effective date.	s block does not meet	the appricable statutory	f filing: DI/Q an date document is requirements.	ceived for filing) this date will no	t be	
4. A description of occurrence the 605.0707. Florida Statutes. (co	nat resulted in the lippy 605.0707 on bac	mited liability compa ck cover letter).	ny`s dissolution pu	irsuant to section	on	
No lonven c	onductin	i nam as	TATE BUS	<del>- 12</del> -		
5. If there are no members, enter	r the name and addre	ess of the person appo	pinted to wind up t	he companys		
activities and affairs:				(i)	, ,	
	Heni	bento SEA	ENU SUA	NES N	,	
	235	bento Sed 1 Douclas	Rd. #	13686		
		x1, F1.				
6. Signature of an authorized per listed above to wind up the comp	rson or if there are roany's activities and	no members, the signa affairs:	iture of the person	appointed and		
Heulenh Led	ein .	HERIB	nn ro Sacl	RNO		
Signature		<del></del>	HERI GENTO SECTENO  Printed Name			

FILING FEE: \$25.00