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(Requ	uestor's Name)	
(Addi	ess)	
(Addı	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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SECRETARY OF STATE

K. SALY APR 1 9 2017

COVER LETTER

TO:

Registration Section Division of Corporations

Wildmann & Mohl INvestments 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:

Marcus Leao Filardi	
(Name of Person)	
MF Consulting LLC	
(Firm/Company)	
2425 NE 135th St, 203	
(Address)	
Miami, FL , 33.181	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Marcus L Filardi	_{at} 786 3291234
(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

ZOITAPRITARY OF STATE FLORIDA

1.	The name of a limited liabili WildMann & Mohl Investment			TALLAHASSEE, FL
2.	The Articles of Organization	were filed on 03/11/2016		and assigned
	document number L1600005	0816		
3.	The delayed effective date the leffective. Note: If the date inserted in the listed as the document's effect.	his block does not meet the app	plicabl	the date of filing: 03/31/2017 Hys later than date document is received for filing) e statutory filing requirements, this date will not be precords.
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limited copy 605.0707 on back cov	liabili er lett	ty company's dissolution pursuant to section qr).
				bjective for their ventures will not be
	continued for personal reasons.			
			. 	
5.	If there are no members, ento activities and affairs:	er the name and address of t Mara Mohl	he pe	son appointed to wind up the company's
6. lis	Signature of an authorized posted above to wind up the com	erson or if there are no mem pany's activities and affairs	bers,	the signature of the person appointed and
Λ	nonumere	Ma	та Мо	
Ť	Signature			Printed Name

FILING FEE: \$25,00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

2017 APR 17 AH 9: 20

SECRETARY OF STATE
ALLAHASSEE, FLORIDA 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: Wildmann & Moni Investments LLC
Document number of Limited Liability Company is: L16000050816
Date of dissolution was: 03/31/2017
Description of information that must be included in a written claim:
effective by 03/31/2017 no activity could be reported
, addressed or conduted in the name of Wildmann &
Mohl Investments LLC. any claim must be submitted in writing for
Filardi , Marcus , registered agent, for process.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 2425 NE 135th, st 203
Miami , FL 33.181
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.
Marcus Leao Filardi
Printed Name of the Person Filing Signature of the Person Filing

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