# 416000063014

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Q. SILAS	
М	IAR 10 2022	
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Office Use Only



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02/01/22--01021--005 \*\*25.00

2253 - P. Miller J.

### **COVER LETTER**

	istration Section ision of Corporations			
cupicor	Diamante Property Solutions, LLC			
SUBJECT:	(Name of Limit	ed Liability Compan	y)	
The enclosed	Articles of Dissolution and fee(s) are submit	ited for filing. Qn	d Motice of LLC Dissol	ution
	all correspondence concerning this matter to			
	Joseph Artusa			
	(Nat	ne of Person)		
	(Fir	т/Сопрану)		
	3983 Destination Drive, Suite 105			
		(Address)		
	Osprey, FL 34229			
	(City/Sta	ate and Zip Code)		
For further in	formation concerning this matter, please call	:		
Jose	eph Artusa	94] at (	244-4318	
	(Name of Person)	(Area Cod	de & Daytime Telephone Number)	
Enclosed is a c	heck for the following amount:			
<b>≡ \$</b> 25.	00 Filing Fee and Certificate of Dissolution	_	ree, Certificate of Dissolution & py (additional copy is enclosed)	
	ling Address:	Street Address:	Continu	
Registration Section Division of Corporations		Registration S Division of C		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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l.	The name of a limited liability company is
	Diamante Property Solutions, LLC
2.	The Articles of Organization were filed on 03/29/2016 and assigned
	document number <u>1.16000063014</u>
3.	The delayed effective date the dissolution if not effective on the date of filing:  (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).
	Written consent of all members.
	Adequak provisions made for all liabilities pursuant to
	3.608.4421 and there are no proding suits
	against the company in any court.
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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Joseph Artusa (100%)
	Signature Printed Name
	<i>I</i> '

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:
Document number of Limited Liability Company is: L16000063014
Date of dissolution was:
Description of information that must be included in a written claim:
Written claim must include a reasonable description of the claim that the claimant is asserting along with adequate
documentation and demand amount.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
3983 Destination Drive, Suite 105, Osprey, FL 34229
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.
Joseph Artusa
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