LIGOCOUSTIS

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900291649039

10/31/16--01006--001 **25.00

PILED 2018 NOV -1 P 12: 5 SECRETARY OF STATE

D. BRUCE NOV 0/2 2016

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

BOSTONIAN ENTERPRISE, 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:

ANDY R. HERNANDEZ, ESQ.

(Name of Person)

HERNANDEZ LAW, P.L.

(Firm/Company)

4810 SW 72 AVENUE

(Address)

MIAMI, FLORIDA 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDY R. HERNANDEZ at 305 661-6641

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)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

(Name of Person)

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

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia BOSTONIAN ENTERPRI	, , ,	·
2. The Articles of Organiza	ation were filed on APRIL 6, 2016	and assigned
document number L1600	00068715	
Note: If the date inserted	te the dissolution if not effective on the date of the date cannot be prior to or more than 90 days later the in this block does not meet the applicable statutory ffective date on the Department of State's records.	an date document is received for rung)
4. A description of occurre 605.0707, Florida Statute	nce that resulted in the limited liability compares, (copy 605.0707 on back cover letter).	ny's dissolution pursuant to section
The limited liability compa	ny no longer owns property nor transacts business i	n the State of Florida.
5. If there are no members,	enter the name and address of the person appo	pinted to wind up the eximpa s
activities and affairs:	Gustavo Moran, Manager/Member	AH NOV
	2000 NW 92 Avenue	SSEE
	Doral, Florida 33172	P IZ:
		56 10A
6. Signature of an authorize listed above to wind up the	ed person or if there are no members, the signa company's activities and affairs:	ature of the person appointed and
Z/HOUCE	Gustavo Moran, M	
Signatur	e	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

GUSTAVO MORAN

Printed Name of the Person Filing

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: BOSTONIAN ENTERPRISE, LLC	
Document number of Limited Liability Company is: L16000068715	
Date of dissolution was: 10/15/2016	
Description of information that must be included in a written claim:	
Any claim must specify the nature of the claim, the	
amount of the claim, the specific circumstances or	
acts giving rise to the claim, the claimant's contact	
information (including address, phone, and email),	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation)	
2000 NW 92 AVENUE DORAL. FLORIDA 33172	<u> </u>
DORAL, FLORIDA 33172	FILE
Torsia Pig.	
7AIE CRIDA	
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.	

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