L16 000077671

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500332900295

08/09/19-- 11 --- 11 .1.11

TILED

2019 AND 29 P 20 20

SECULE IMPROPER STATE
ALLAHASSET FEIGRIOL

I FEMERY SEP 0 3 2013

COVER LETTER

TO: Registration Section

Divisio	on of Corporations						
etin inzen	915506471	aN					
SUBJECT:	(Name of Limited Liability Company)						
	(into maximy company)					
The enclosed A	rticles of Dissolution and fee(s) are submi	itted for filing.					
Please return all	correspondence concerning this matter to	the following:					
	MA ACA MADA	(4 A					
	MAKIN MOKKA (Name of Person)						
	(Name of Person)						
	3724 NISCAYA 114						
	3734 VI9CAYA LLC (Firm/Company)						
	(* **** - **** ₁ ,						
	539 EMBROOK TT.						
	(Address)						
	(Me My Mes	E. 3.112					
	(City/State and Zip Code)						
	(Chy.ii	are and zip eccept					
For further infor	mation concerning this matter, please call	·					
	MARTIN MORRA	at (352					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
_	k for the following amount:						
⊡′\$ 25.00 i	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
CHECK	ALLEADY TENT	certified copy (additional copy is circlosed)					
7,6	# 1086						
	MAILING ADDRESS:	STREET/COURIER ADDRESS:					
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	Clifton Building					
	Tallahassee, FL 32314	2661 Executive Center Circle					
		Tallahassee, FL 32301					



August 14, 2019

MARTIN MORRA 66 WINDSOE ST WATERBURY, CT 06708

SUBJECT: 3734 VISCAYA, LLC Ref. Number: L16000077671

We have received your document for 3734 VISCAYA, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you sent in is for the online filing. I am sending you the correct document to file.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please catto (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 619A00016782

FORMS FROM

LIM. CIA.

FILLE FORM

(1/350LUE LLC

ANTICLES OF DISSOLUTION

www.sunbiz.org

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	A LIMITED) LIAB	BILITY COMPA	FILED	
1. The name of a limited l	iability company is			-11-0	
	3734 VIX	44A	446	2019 RES 29 P. 20 23	
2. The Articles of Organiz				and assigned y of STATE TALLAMASSEE, FLORID	
document number	116 00007	7671		•	
3. The delayed effective of (effective of (effective)) Note: If the date inserte listed as the document's	d in this block does no	it meet th	ne applicable statuto	of filing: 8/4/19 than date document is received for filing) ry filing requirements, this date will not b	
4. A description of occurr 605,0707, Florida Statu	ence that resulted in tes, (copy 605.0707	the lim on back	nited liability comp cover letter).	pany's dissolution pursuant to section	
RESID	ENCY GOLD C	ردد ،	NO LONGEN	NEE DEO	
5. If there are no mumbers	anton the many and				
activities and affairs:	, emer the name and		is of the person ap	pointed to wind up the company's	
				· · · · · · · · · · · · · · · · · · ·	
		Tho	VILLAGES FO	32163	
5. Signature of an authorize isted above to wind up the	ed person or if there company's activitie	are no	members, the sign	nature of the person appointed and	
Mate Man	1			MANTIN MONNA Printed Name	
-/ Signatur	e	Printed Name			

FILING FEE: \$25.00