LIL 0000 78812

(Re	questor's Name)					
(Ad	dress)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





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MAY 03 2016 SHIVERS

COVER LETTER

TO:

Registration Section Division of Corporations

AVANTI TRATTORIA ITALIAN RESTAURANT LLC

SUBJECT:

(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:

ARIAGNA SILVA ALVAREZ

(Name of Person)

ANC PROFESSIONAL SERVICES LLC

(Firm/Company)

924 W S.R 436 STE 1650

(Address)

ALTAMONTE SPRINGS FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN DIEZ

(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

1.	The name of a limited liability	y company is					
	AV	ANTI TRATTORIA	A ITALIAN RESTAURA	ANT LLC			
2.	The Articles of Organization	were filed on	04/21/2016	and assign	ned		
	document numberL1600007	78812					
3.	The delayed effective date the (effective de Note: If the date inserted in this listed as the document's effective de la comment (effective de Note: listed as the document).	s block does not me	eet the applicable statuto	than date document is re ry filing requirements,	ceivea ioi		be
4.	A description of occurrence to 605.0707, Florida Statutes, (co	opy 605.0707 on	back cover letter).				n
	WE SOBWITTED THIS CLC	FOR ERROR, WE	HAVE ANOTHER LL	C THAT WE WANT	- AME	END	
	AND CHANGE THE NAME TO	O AVANTI TRAT	TORIA ITALIAN REST	AURANT LLC.			
						•	
				- <u>-</u> -	in res		
						16 A	
5.	If there are no members, enter activities and affairs:	r the name and ad	ldress of the person ap	pointed to wind up t	he comp	papy's	
					T.S.	MM 7:	Total S
					AUT.	25	~ 0
6. lis	Signature of an authorized pe ted above to wind up the comp	rson or if there ar pany's activities a	e no members, the sign and affairs:	nature of the person	appoint	ed and	
4	Marti	(A)		JUAN DIEZ			
	Signature	- va		Printed Name			
		FILI	NG FEE: \$25.00				