

L16000126529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILE
JUN 25 AM 8:40
TALLAHASSEE, FL

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2021 JUN 25 PM 2:35
TALLAHASSEE, FLORIDA

JUN 25 2021

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/25/2021

PRIORITY Routine

OUR REF. #. (Order ID#) Bev

ORDER ENTITY MONTIEL LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MONTIEL LLC

Please file the attached dissolution document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

MONTIEL LLC

2. The Articles of Organization were filed on 7/5/2016 and assigned

document number L16000126529

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).

cease of activities

cease of activities

cease of activities

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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JUL 11 2016
AM 8:40
TALLAHASSEE
FLORIDA

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Leticia Zambra

Printed Name

FILING FEE: \$25.00