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### **COVER LETTER**

Division of Corporations
SUBJECT: FIGUE ROAG & D GROUP LLC (Name of Limited Liability Company)
(Name of Entited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Oloria Roa Bodin.  (Name of Person)  (Poria Roa Bodin, P. A.  (Firm/Company)
(Name of Person)
Coloria Roa Bodin, P.A.
(Firm/Company)
90 Almeria Avenue, suite 200 (Address)
Coral Gables, FL 33134
(City/State and Zip Code)
For further information concerning this matter, please call:
Cloria Roa Bodin at 305 442-19718  (Name of Person) at (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Shortest is a create for the content of the content
\$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
FIGUER	20AG&D GROUP LLC
document number <u>L</u> 1	
Note: If the date inserted in th	the dissolution if not effective on the date of filing: Detober 12, 2010 late cannot be prior to or more than 90 days later than date document is received for filing) is block does not meet the applicable statutory filing requirements, this date will not be ve date on the Department of State's records.
4. A description of occurrence t	that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (c	opy 605.0707 on back cover letter).
<i>N</i>	ever comenced doing business
	•
5. If there are no members, enter activities and affairs:	er the name and address of the person appointed to wind up the company's  Coloria Roa Bodin, Es 9
	90 Almeria Avenue, suite 200
	Coral Gables, FL 33134 &
6. Signature of an authorized polisted above to wind up the com	erson or if there are no members, the signature of the person appointed and pany's activities and affairs:
I Jany	Gabriel Figueron &
Signature	Printed Name

**FILING FEE: \$25.00**