

L16000142951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

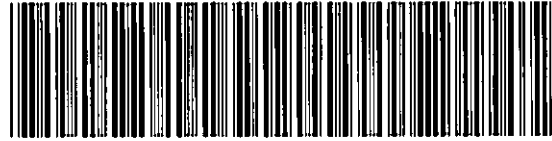
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 MAR -1 P 4:22



PM 12:49

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Winotice

MAR 02 2021



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: March 1, 2021

Account#: 1200000000088

Name: Ian Reilly

Reference #: 1334254

Entity Name: ASTROBOY INVESTMENTS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion


☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: 



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Date: **March 1, 2021**

Account#: 1200000000088

Name: **Ian Reilly**

Reference #: **1334254**

Entity Name: **ASTROBOY INVESTMENTS, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

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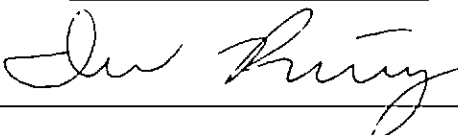
☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: **\$25.00**

Signature: 

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

1. The name of a limited liability company is

ASTROBOY INVESTMENTS LLC

2. The Articles of Organization were filed on 8/3/2016 and assigned

document number L16000142951

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).

The consent of all the members pursuant to Section 605.0701(2) of the Florida Statutes

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

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

Iván Garófalo Vallejo

Printed Name

FILING FEE: \$25.00

FILED

2021 MAR - 11 4:22 PM
CLERK OF COURT
JACKSONVILLE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: ASTROBOY INVESTMENTS LLC

Document number of Limited Liability Company is: L16000142951

Date of dissolution was: January 25, 2021

Description of information that must be included in a written claim:

A brief description of the nature of the claim, the amount of the claim, and the date the claim was incurred.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Attention: Finance & Legal

2135 NW 1st Avenue Miami, FL 33127

with a copy to: Stefano D'Aniello, D'Aniello PA

7450 Southwest 116th Street, Pinecrest FL 33156

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.

Iván Garófalo Vallejo

Printed Name of the Person Filing



Signature of the Person Filing

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASTROBOY INVESTMENTS 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:

Stefano D'Aniello

(Name of Person)

D'Aniello, PA

(Firm/Company)

7450 Southwest 116th Street

(Address)

Pinecrest, Florida 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Stefano D'Aniello

(Name of Person)

at (646)

715-8865

(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