

LI6000215532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

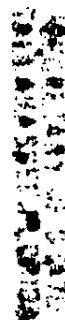
Special Instructions to Filing Officer:

Office Use Only



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01/16/18--01018--008 **25.00



2018 FEB 28 PM 12:53

FILED

MAR 01 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRUPO LIBERTAD 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:

SILVIA PAREDES

(Name of Person)

(Firm/Company)

11709 WINTERSET COVE DR

(Address)

RIVERVIEW, FL, 33579

(City/State and Zip Code)

For further information concerning this matter, please call:

SILVIA PAREDES

(Name of Person)

at (440) 269-9703

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2018

SILVIA PARADES
11709 WINTERSET COVE DR
RIVERVIEW, FL 33579

SUBJECT: GRUPO LIBERTAD LLC
Ref. Number: L16000215532

We have received your document for GRUPO LIBERTAD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 418A00001107

RECEIVED
FEB 28 2018

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2018 FEB 28 PM 12:53

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

1. The name of a limited liability company is

GRUPO LIBERTAD LLC

2. The Articles of Organization were filed on 11/27/2016 and assigned

document number L16000215532

3. The delayed effective date the dissolution if not effective on the date of filing: 01-01-2018
(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 BUSINESS DID'T HAD GOOD RESULTS, I HAD LOSE AND I HAVE TO SALE THE BUSINESS

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

SILVIA PAREDES

Printed Name

FILING FEE: \$25.00

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2018 FEB 28 PM 12:53

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: GRUPO LIBERTAD LLC
Document number of Limited Liability Company is: L16000215532
Date of dissolution was: 01-01-2018

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

GRUPO LIBERTAD LLC AND / OR CHAKANA RESTAURANT
REPRESENTED BY SILVIA PAREDES.
PHONE 440-269-9703

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

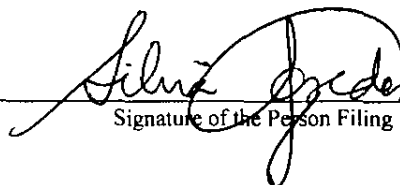
11709 WINTERSET COVE DR
RIVERVIEW, FL, 33579

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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.

SILVIA PAREDES

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