(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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Special Instructions to Filing Officer:
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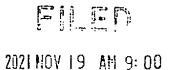
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Acgo Navis	Engineering LLC Name of Limited Liability Company)
The enclosed Articles of Dissolution and fe	•
Terriac	a, Maximo M (Name of Person)
Argo Na	vis Engineering LLC (Pirm/Ompany)
<u>8530</u> St	ybar Lake Cove
Boynton	Beach, Florida 33473-4886 (City/State and Zip Code)
For further information concerning this mas	iter, please call:
Terriaca, May	Ximo M. at (954) 703-0505 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
☐ \$25,00 Filing Fee and Certificate of D	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liabili	ty company is		SECRETARY OF SIM	: E
Argo Navis	<u>Engineer</u>	ing LLC	MALLE TO THE	
2. The Articles of Organization	were filed on	/23/2017	and assigned	
document number 1170	000017384	· —-		
	his block does not meet the	ne applicable statutory fi	ling: 11/15/2021 date document is received for filing) ling requirements, this date will not be	:
4. A description of occurrence 605 0707. Florida Statutes, 6	that resulted in the lime	ited liability company cover letter).	s dissolution pursuant to section	
		4	lated to the	
COVID-19	Pandemic	the oper	ations of the	
company wa	s forced	to ceas	ė	
5. If there are no members, ent activities and affairs:	er the name and addres	s of the person appoin	ted to wind up the company's	
6. Signature of an authorized pabove to wind up the company	erson or if there are no	members, the signatu	re of the person appointed and liste	:d
Sufer &	<u> </u>	Terriac	a. Maximo M.	
Signature		Pr	inted Name	

FILING FEE: \$25.00