L11000065438

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COVER LETTER

· TO:

Registration Section Division of Corporations

SUBJECT:	REAL INVERNO LLC				
SOBSECT	(Name of Limited Liability Company)				
The enclosed	Articles of Dissolution and fee(s) are submitte	ed for filing.			
Please return a	all correspondence concerning this matter to t	he following:			
	CAROLYN KAHL				
(Name of Person)					
	ROCA GONZALEZ P.A.				
		/Company)			
		(((((((((((((((((((
3370 MARY STREET					
(Address)					
	MIAMI, FLORIDA 33133				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
CAR	OLYN KAHL	305 859-6050 at (
	(Name of Person)	(Area Code & Daytime Telephone Number)			
	neck for the following amount:				
■ \$ 25.0	0 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
		,			
	ing Address:	Street Address:			
Registration Section		Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
rananasse, i i ses i i		Tallahassee, FL 32303			

FILED 2022 SEP 20 AHII: 16 SECTE JARY OF STATE TALLAHASSEE. FL

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is REAL INVERNO LLC
2.	The Articles of Organization were filed on $3/23/2017$ and assigned
	document number L17000065438
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).
	UNANIMOUS WRITTEN CONSENT OF THE MEMBERS
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. abc	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
/	to lo Peoplo ITALO PEGORARO Printed Name
	Signature Printed Name

FILING FEE: \$25.00

NOTE: This page is optional

Notice of Limited Liability Company Dissolution

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:	
Document number of Limited Liability Company is:	
Date of dissolution was:	SEC
Description of information that must be included in a written claim:	LL AI
I) NAME AND ADDRESS OF THE PERSON OR ENTITY MAKING THE CLAIM	NS TO
2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM	<u> </u>
3) STATEMENT OF THE AMOUNT OF THE CLAIM	<u> </u>
4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM	,,
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) ITALO PEGORARO	
C/O ROCA GONZALEZ P.A.	
3370 MARY STREET	
MIAMI, FLORIDA 33133	
A claim against the above named limited liability company will be barred unless a proceeding to en claim is commenced within 4 years after the filing of this notice.	force the
ITALO PEGORARO Have Perfor	المال
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