

L17000106782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

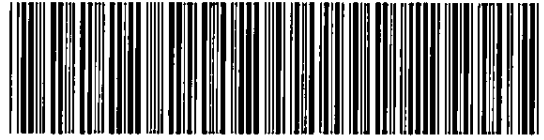
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000305238980

FILED
17 NOV -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA
NOV 17 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 11/3/17
ACCT. I2016000072

Eric D.W.

Name:	La Perla 3502 LLC
Document #:	
Order #:	10700386

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

<u>Filing:</u>	<u>Certified:</u>
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155

Thank you!

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: LA PERLA 3502 LLC

Document number of Limited Liability Company is: L17000106782

Date of dissolution was: 10/26/2017

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

SUFFICIENT INFORMATION TO REASONABLY INFORM THE COMPANY
OF THE IDENTITY OF THE CLAIMANT AND THE SUBSTANCE OF THE CLAIM.

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

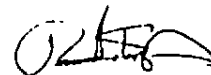
16699 COLLINS AVENUE, UNIT 3502
SUNNY ISLES BEACH, FLORIDA 33160

FILED
17 NOV -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

RICARDO SILVA AGUILERA, LEGAL REPRESENTATIVE OF THE MANAGER

Printed Name of the Person Filing
DA COMERCIALIZADORA S.A.S



Signature of the Person Filing

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