

L17 000132917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

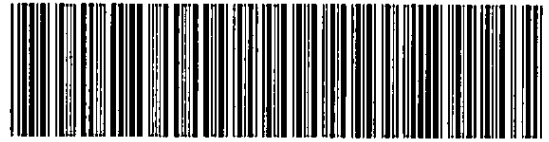
(Business Entity Name)

(Document Number)

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05/27/21--01020--006 \*\*25.00

2021 MAY 27 PM 2:27  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LINERAS INVESTMENT 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:

TERESA LINARES  
(Name of Person)

LINERAS INVESTMENT LLC  
(Firm/Company)

P.O. BOX 4286  
(Address)

HALLANDALE, FL 33008  
(City/State and Zip Code)

For further information concerning this matter, please call:

TERESA LINARES at ( 954 ) 7013648  
(Name of Person) (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 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 liability company is

LINERAS INVESTMENT LLC

2. The Articles of Organization were filed on 6/19/2017 and assigned

document number L1700013291705

3. The delayed effective date the dissolution if not effective on the date of filing: 05/09/2021  
(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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2021 MAR 29 PM 2:27  
TALLAHASSEE, FLORIDA

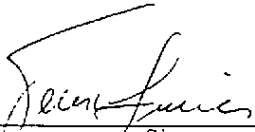
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

TERESA LINARES

P.O. BOX 4286

HALLANDALE, FL 33008

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

TERESA LINARES

Printed Name

**FILING FEE: \$25.00**