

L17 000 177456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

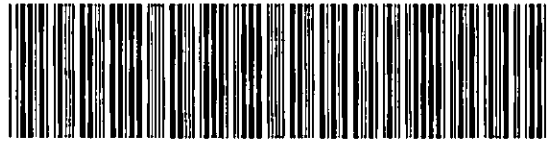
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800307130468

01/02/18--01021--019 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
18 JAN -2 PM 1:16

K. SALY  
JAN -3 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESPERANCA  
(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:

IONITA R. HEINZE  
(Name of Person)

(Firm/Company)

c/o 6050 GIANT FOREST LANE  
(Address)

N. LAS VEGAS NV 89031  
(City/State and Zip Code)

For further information concerning this matter, please call:

IONITA R. HEINZE at (561) 530-8387  
(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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

SECRET FILED  
DEPARTMENT OF STATE  
18 JAN -2 PM 1:16

1. The name of a limited liability company is

ESPERANCA

2. The Articles of Organization were filed on

08/18/2017

and assigned

document number

6 17000177456

3. The delayed effective date the dissolution if not effective on the date of filing: 11-15-2017  
(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).

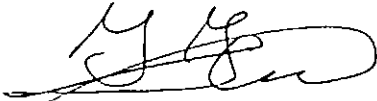
I have moved out of Florida  
due to the mandatory evacuation  
in regards to hurricane Irma, and have  
decided not to do business anymore.

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

IONITA R. HEINZE

ANNA E. RIJSDIJK

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

IONITA R. HEINZE

Printed Name

FILING FEE: \$25.00 ANNA E. RIJSDIJK