4/1/2021

Division of Corporations

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(((H210001309863)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Phone

Fax Number : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL DELKRINANTE, LLC

Certificate of Status	0
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Page Count	02
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Help

From: Leslie Perryman

Fax: (850) 617-6383

(((H210001309863)))

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability DELKRINANTE, LLC	y company is			<u>.</u>		 '	
2.	The Articles of Organization	were filed on	September	18, 2017	and ass	igned		
	document numberL1700019	3784						
3.	(effective of Note: If the date inscried in the	the dissolution if not effective on the date of filing: e date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be ective date on the Department of State's records.						
4.	A description of occurrence to 605.0707, Florida Statutes, (c	hat resulted in opy 605.0707	the limited on back co	d liability compan over letter).	y's dissolution	pursuant to sec	etion	
	Consent of the Member						_	
		· · · · · · · · · · · · · · · · · · ·			<u> </u>		_	
							_	
5	If there are no members, enter	er the name an	d address (of the person appo	inted to wind t	ip the company	's	
	activities and affairs:	Olive L. Callana						
	8546 Palm Parkway, #361							
	Orlando, FL 32836							
						200 E	21	
6 a	. Signature of an authorized p bove to wind up the company	erson or if the s activities and	re are no m d affairs:	embers, the signa	iture of the per	son appointed a	nd ji ste <u>'</u>	:d
,	Olga Lucia Gallago	D		Olga L. Gallego	D. A. J. Maria	\$412 S	<u>^</u> =	
_	Signature				Printed Name		=	
			FILING F	EE: \$25.00		يوي د	T-	

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Fax: 14078411200

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:Delkrinante, LLC						
Name of Emitted Blacking Company is:	7000193784					
Occument number of Limited Liability Company is: Upon filing Oate of dissolution was:						
Description of information that must be included in a wr	itten claim:					
Name of Claimant:						
Amount of Claim:						
Basis of Claim:						
Mailing address where claims can be sent: (Claims cannot olga L. Gallego						
8546 Palm Parkway, #361						
A claim against the above named limited liability compelaim is commenced within 4 years after the filing of the	any will be barred unless a proceeding to enforce the is notice.					
Olga L. Gallego	Olga Ivia Callego B. Signature of the Person Filing					

Printed Name of the Person Filing