

# L1700199572

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALRON ENTERPRISES, INC.  
Account Number : I20000000113  
Phone : (321)951-7626  
Fax Number : (321)723-8218

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STATE OF FLORIDA  
TALLAHASSEE, FL

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## LLC DISSOLUTION OR WITHDRAWAL ORTIZ INTERNATIONAL ENTERPRISES LLC

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3. PRATHER

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORTIZ INTERNATIONAL ENTERPRISES 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:

Jenni Gilray

(Name of Person)

Alron Corps, Inc.

(Firm/Company)

3990 Minton Rd

(Address)

Melbourne, FL 32904

(City/State and Zip Code)

For further information concerning this matter, please call:

Jenni Gilray

(Name of Person)

at ( 321 ) 951-7626

(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

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
ORTIZ INTERNATIONAL ENTERPRISES LLC

2. The Articles of Organization were filed on 09/26/2017 and assigned  
document number L17000199572

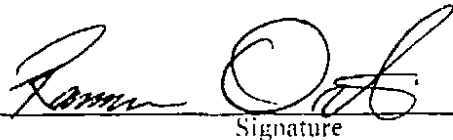
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2018  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, 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).

These articles of dissolution are filed with the consent of all members effective December 31, 2018

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

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

Ramon J Ortiz

Printed Name

**FILING FEE: \$25.00**

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STATE OF FLORIDA  
TALLAHASSEE, FL

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