

Florida Department of State

Division of Corporations
Electronic Filing Center Sheet

L17000304886

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To:

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

From:

Account Name : SALCEDO ATTORNEYS @ LAW, P.A.
Account Number : I20100000021
Phone : (305)375-0640
Fax Number : (305)375-0708

LLC DISSOLUTION OR WITHDRAWAL

B4103 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 MAY 19 11:57

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2022 MAY 19 PM 2:58

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AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B4103 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:

JORGE SALCEDO

(Name of Person)

SALCEDO ATTORNEYS AT LAW, P.A.

(Firm/Company)

200 S. BISCAYNE BLVD., SUITE 2700

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE SALCEDO

(Name of Person)

at 305 375-0640

(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

B4103 LLC

2. The Articles of Organization were filed on 10/03/2017 and assigned

document number L17000204886

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

Resolutions approving the dissolution of the company were adopted unanimously by the

members, as permitted by the Florida Revised Limited Liability Act.

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

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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

Agostino Vesce, Manager
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: B4103 LLC

Document number of Limited Liability Company is: L17000204886

Date of dissolution was: May 16, 2022

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

Claims should be in writing and include:

1) Name and address of the claimant;

2) Claim amount;

3) Basis for the claim.

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

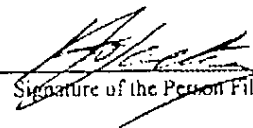
1000 Brickell Avenue

Suite 700

Miami, FL 33131

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.

Agostino Vesce, Manager
Printed Name of the Person Filing


Signature of the Person Filing

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