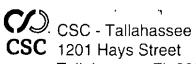
(Re	equestor's Name)				
(Ad	idress)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
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(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
	J. HORN	<b>VE</b>			
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	JAN 172	ZUZ <del>9</del>			

Office Use Only



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RECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 01/16/24 Order #: 1388824-1

Re: Garde Capital Management LLC

Processing Method: Routine

### TO WHOM IT MAY CONCERN:

·Enclosed-please-find:—

Application for Dissolution/Cancellation/Termination
Amount to be deducted from our State Account: \$25.00 - FL State Account Number: I2000000195

AUTH:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# COVER LETTER

UBJECT: _	SARDE CAPITAL MANAGEMENT LLC (Name of Limit			
	(Name of Limi	ted Liability Company)		
The enclosed A	rticles of Dissolution and fee(s) are submit	tted for filing.		
lease return al	l correspondence concerning this matter to	the following:		
	Felipe Bastos			
	(Nai	me of Person)		
	Garde Asset Management Gestão de Recursos Ltda			
	(Fir	πι/Company)		
	Magalhaes de Castro Ave, 4800, 132	2, Park Tower		
		(Address)		
	5676-120 - São Paulo - SP, Brazil			
	(City/St:	ate and Zip Code)		
For further info	rmation concerning this matter, please call	l:		
Felipe Bastos		+5511 5225 0160 / 55 11 3017 0776		
Felipe ——				
Felipe	(Name of Person)			
Enclosed is a che	(Name of Person)			

### **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

	•	F	F DISSOLUTION FOR BILITY COMPANY	THE MAN SON			
1.	The name of a limited liabili	• • •		<b>4</b> , <b>3</b> , <b>5</b> ,			
2.	The Articles of Organization	were filed on 11/6/2		and assigned			
	document number L1700022	9683	<del></del>				
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).						
	It is no longer in the interests of the sole member to keep the company alive.						
	It is no longer in the interests of the sole member to keep the company alive.						
	It is no longer in the interests of the sole member to keep the company alive.						
5.	If there are no members, ento activities and affairs:	ere are no members, enter the name and address of the person appointed to wind up the company's ities and affairs:  N/A					
		<del></del>					
6. ab		erson or if there are no activities and affair	o members, the signature o	of the person appointed and listed			
( 1	Docusioned by:  Henrique	Poli	Felipe Bastos / Henric	que Poli			
	-E2A0C2300FD04D0 52C4F488543041	<del></del>	Printe	ed Name			

FILING FEE: \$25.00