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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Dusiness Fakit, Navia)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
			
Special Instructions to Filing Officer:			

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Alma Azul LLC. ECT:			
	ed Liability Company)			
(F)		. Le cu		
The end	closed Articles of Dissolution and fee(s) are submit	ited for filing.		
Please	return all correspondence concerning this matter to	the following:		
	Edwin Almanzar			
(Name of Person)				
	Alma Azul LLC			
	(Firm/Company)			
	1321 Osprey Cove Ct.			
	(Address)			
	Orlando, FL 32837			
	(City/Str	ate and Zip Code)		
For furt	ther information concerning this matter, please call	:		
	Edwin Almanzar	407 837-8578 at ()		
	(Name of Person)	at () (Area Code & Daytime Telephone Number)		
Enclose	d is a check for the following amount:			
C	\$25.00 Filing Fee and Certificate of Dissolution	■ \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810		
. ==		Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited I Alma Azul LLC.	ability company is			
2. The Articles of Organiz	ation were filed on January 17, 2018 and assigned			
document number L180	00015033			
The delayed effective date the dissolution if not effective on the date of filing: Feb. 1st, 2022 (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 b listed as the document's effective date on the Department of State's records.				
 A description of occurrence that resulted in the limited liability company's dissolution pursuant to sectio 605.0707. Florida Statutes, (copy 605.0707 on back cover letter). 				
Lack of sales and recurren	t revenue due to Covid Pandemic			
Lack of sales and recurrent	revenue due to Covid Pandemic revenue due to Covid Pandemic s, enter the name and address of the person appointed to wind up the company's Edwin Almanzar			
1321 Osprey Cove Ct.				
Orlando, Fl. 32837				
6. Signature of an authorizabove to wind up the comp	zed person or if there are no members, the signature of the person appointed and listed pany's activities and affairs:			
5 At	Edwin Almanzar			
Signatu	re 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:	
Document number of Limited Liability Company is:	015033
Date of dissolution was: February 1st, 2022	
Description of information that must be included in a written	n claim:
Name of Client or Company, Order Number, Date of Order and ar	ny other pertienent information regarding claim.
Address, Tel nr, contact name and or any other contact details avia	alable.
Mailing address where claims can be sent: (Claims cannot be	e sent to the Division of Corporations): 22
Alma Azul LLC, Att: Edwin Almanzar, 1321 Osprey Co	ove Ct., Orlando FL 32837
· · · · · · · · · · · · · · · · · · ·	
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this no	
Edwin Almanzar	L. 46
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