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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARBOSA LEGAL Account Number : 120110000049 Phone : (305)501-4680 Fax Number : (305)359-9543

LLC DISSOLUTION OR WITHDRAWAL LABCO INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

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COVER LETTER

	egistration Section division of Corporations		
SUBJECT	LABCO INVESTMENTS LLC		
S C I I I I I I I		ed Liability Company)	
The enclos	sed Articles of Dissolution and fee(s) are submi	ted for filing.	
Please retu	trn all correspondence concerning this matter to	the following:	
	Erika Kitaoka da Silva		
	(Na	ne of Person)	
	Barbosa Legal		
(Firm/Company) 407 Lincoln Rd PH-NE			
	Miami Beach, FL 33139		
	(City/St	ne and Zip Code)	
For further	r information concerning this matter, please call	:	
E	Edwin Cisneros	305 501-4680	
-	(Name of Person)	at () (Area Code & Daytime Telephone Number	r)
Enclosed is	a check for the following amount:		
= \$	25 00 Filing Fee and Certificate of Dissolution	 S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) 	
	lailing Address:	Street Address:	
	legistration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	O. Box 6327 fallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
1	ananassee. FL 32314	Tallahassee, FL 32303	

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	he name of a limited liability company is ABCO INVESTMENTS LLC
 2. Ti	he Articles of Organization were filed on
dı	ocument number 1,18000018899
2	he 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 isted as the document's effective date on the Department of State's records.
4. A 60	description of occurrence that resulted in the limited liability company's dissolution pursuant to section 5,0707, Florida Statutes, (copy 605,0707 on back cover letter).
	HE MEMBERS ALL CONSENT AND APPROVE TO THE DISSOLUTION OF THE COMPANY
	there are no members, enter the name and address of the person appointed to wind up the company's ctivities and affairs:
6. S abov	ignature of an authorized person or if there are no members, the signature of the person appointed and listed to wind up the company's activities and affairs:
	Jose Kalil Neto
	Signature Printed Name FILING FEE: \$25,00

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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.

Edwin C. Cisneros, Esq.	Edwin Cianaroa Signature of the Person Filing
· · · · · · · · · · · · · · · · · · ·	
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this n	
Barbosa Legal, 407 Lincoln Road, PH-NE, Miami Beac	
Mailing address where claims can be sent: (Claims cannot	he sent to the Division of Corporations)
allegations.	
Claim must be in writing and state the name and contact informs	, , ,
Description of information that must be included in a writte	en claim:
Date of dissolution was:	
Document number of Limited Liability Company is: L1800	0018899
Name of Limited Liability Company: LABCO INVESTMEN	

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