118000022243

(Rec	questor's Name)	.		
(Add	iress)			
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Document Number)				
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COVER LETTER

_	on Section of Corporations			
SUBJECT:	H1ALFA V		LLC	
	(Name of Limited I	liability Company)	•	
The enclosed Artic	les of Dissolution and fee(s) are submitted t	for filing.		
Please return all co	rrespondence concerning this matter to the	following:		
J	ORGE SALCEDO,	ESQ		
	(Name of	f Person)	·	
SALCEDO ATTORNEYS AT LAW P.A.				
(Firm/Company)				
200 S BISCAYNE BLVD, SUITE 2700				
(Address)				
1	ИIAMI, FL, 33131			
(City/State and Zip Code)				
For further informa	ation concerning this matter, please call:			
JOR	GE SALCEDO, ESQ	305 _{at (}	3750640	
	(Name of Person)		Daytime Telephone Number)	
Enclosed is a check t	or the following amount:			
■ \$25.00 Fili	ing Fee and Certificate of Dissolution		Certificate of Dissolution & dditional 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

re of filing: er than date document is received for filing) story filing requirements, this date will not ds. mpany's dissolution pursuant to section asly by the members, as permitted by
mpany's dissolution pursuant to section asly by the members, as permitted by
usly by the members, as permitted by
AY 2
77- 49
PH F. F.
4: 50 OBH
appointed to wind up the company's
ignature of the person appointed and
JUAN MAIZO
Printed Name

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: H1ALFA VEHICLES LLC		
Document number of Limited Liability Company is: L-18000022243		
Date of dissolution was: MARCH 24, 2018		
Description of information that must be included in a written claim:		
Claims shall be in writing and include:		
1) name and address of claimant;		201
2) claim amount;		2011 MAY 29
3) basis for the claim.	ASSE ASSE	129
	TOF	
	OHIO OHIO	÷: 50
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporatio	ns)	_
16550 NW 10TH AVE		
MIAMI, FL, 33160		
A claim against the above named limited liability company will be barred unless a proceeding to claim is commenced within 4 years after the filing of this notice.	o enfor	ce the
JUAN MAIZO		

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

Signature of the Person Filing

Printed Name of the Person Filing