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(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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THE D SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: <u>Juan Pedro</u>	Atienza LLC Liability Company)	
(Name of Limited	(Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	-	
Please return all correspondence concerning this matter to th	e following:	
	Iro Atienza	
(Name of Person)		
(Firm/Company)		
	SIST Street Unit# 45	
	rdale FL 33308	
For further information concerning this matter, please call:		
Juan Pedro Atienza (Name of Person)	at (<u>786</u>) <u>812-421</u> (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:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	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 liability company is
	Juan Pedro Atienza, UC
2.	The Articles of Organization were filed on February 26, 2018 and assigned
	document number <u>L18000050041</u>
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).
	Business is absed.
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5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's acylvities and affairs:
	Signature Joan Pedro Alienza Franco
	Signature Printed Name

FILING FEE: \$25.00