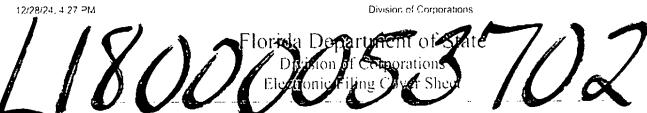
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL

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



LLC DISSOLUTION OR WITHDRAWAL AKJ INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

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K. SALY

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(((H240004243583)))

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	AKJ INVESTMENTS LLC	
SUBJE		(ed Liability Company)
The end	closed Articles of Dissolution and feets) are submi	tted for filmg
Please	return all correspondence concerning this matter to	the following:
	Erika Kitaoka da Silva	
	(Na	me of Person)
	Barbosa Legal	
	(Frim Company)	
	407 Lincoln Rd PH-NE	
	(Address)	
	Miami Beach, FL 33139	
	(City'S)	ate and Zip Code)
For fur	ther information concerning this matter, please cal	ŀ
	Edwin Cisneros	305 501-4680 ar ()
	(Name of Person)	ar ((Area Code & Daytime Telephone Number)
Enclose	d is a check for the following amount:	
•	■ \$25 (0) Filing Fee and Certificate of Dissolution	77 \$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

Page: 3 of 4

13053599543 From, Barbosa Legal

(((H24000424358 3)))

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is AKJ INVESTMENTS LLC	
2.	The Articles of Organization were filed on $\frac{03.01}{100}$	2 2018 and assigned
	document number 4.18000053702	
3.	The delayed effective date the dissolution if not reffective date cannot be prior to o Note: If the date inserted in this block does not med listed as the document's effective date on the Depart	et the applicable statutory filing requirements, this date will not be
4	A description of occurrence that resulted in the I 605.0707, Florida Statutes, (copy 605.0707 on ba	imited liability company's dissolution pursuant to section ack cover letter).
	ALL MEMBERS CONSENTS AND APPROVES TO	O THE DISSOLUTION OF THE COMPANY
		· · · · · · · · · · · · · · · · · · ·
5.	If there are no members, enter the name and add activities and affairs:	ress of the person appointed to wind up the company's
ő. ab	Signature of an authorized person or if there are nove to wind up the company's activities and affai	no members, the signature of the person appointed and listed its:
	pente	Alexandre Kruel Jobim
	Signature	Printed Name

FILING FEE: \$25.00

(((H24000424358 3)))

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Page, 4 of 4

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: 1.18000053702
Date of dissolution was: DECEMBER 3, 2024
Description of information that must be included in a written claim:
Claim must be in writing and state the name and contact information of the party making the claim and detailed
allegations.
Mailing address where claims can be sent; (Claims cannot be sent to the Division of Corporations)
407 LINCOLN RD PH-NE MIAMI BEACH, FL 33139
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Edwin Cisneros

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