

L18000157826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

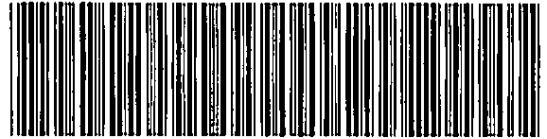
(Document Number)

Certified Copies _____ Certificates of Status _____

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Q. SILAS

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800385982908

04/18/22--01053--004 **25.00

FILED

APR 18 PM 8:11

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FEDE 19, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLYN KAHL

(Name of Person)

ROCA GONZALEZ P.A.

(Firm/Company)

3370 MARY STREET

(Address)

MIAMI, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN KAHL

(Name of Person)

305

859-6050

at ()

(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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

APR 18 PM 8:17

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
FEDE 19, LLC

2. The Articles of Organization were filed on 06/27/2018 and assigned
document number L18000157826

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).

UNANIMOUS WRITTEN CONSENT OF THE MEMBERS

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UNANIMOUS WRITTEN CONSENT OF THE MEMBERS

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. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:



Signature

FLAVIA PENNETTA

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: FEDE 19, LLC

Document number of Limited Liability Company is: L18000157826

Date of dissolution was: 02/18/2022

Description of information that must be included in a written claim:

1) NAME AND ADDRESS OF THE PERSON OR ENTITY MAKING THE CLAIM

2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM

3) STATEMENT OF THE AMOUNT OF THE CLAIM

4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

FLAVIA PENNETTA

C/O ROCA GONZALEZ P.A.

3370 MARY STREET, MIAMI FL, 33133

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.

FLAVIA PENNETTA

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