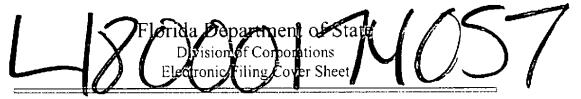
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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TRUST PAY CORPORATION Account Number : 120140000092 : (786) 520-6788 Phone Fax Number : (754) 300-1545 LLC DISSOLUTION OR WITHDRAWAL CAPO'S ALMAR LLC 0 Certificate of Status 0 Certified Copy 02 Page Count \$25.00 Estimated Charge

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ARTICLES OF DISSOLUTION FOR

CAPO'S ALMAR LLC

(A Florida Limited Liability Company)

FIRST: The name of a Limited Liability Company is: CAPO'S ALMAR LLC

SECOND: The Articles of Organization were filed on **07/18/2018** and assigned document number **L18000174057**.

THIRD: Effective on the date of filing.

<u>FOURTH:</u> A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707. Florida Statutes.

This Limited Liability Company never conducted any business.

FIFTH:

Dated: Monday, February 14, 2022.

Signature ___

(By a member or authorized representative of a member)
ALFREDØ JOSE CAPOPIZZA

MANAGER



Trust Pay Corp @2421A North University Drive - Coral Springs Ft 33065 @Phone 754,444,2555 @Fax 754,300,1545