

L18000200497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

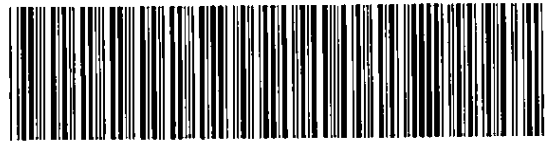
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
MAR 22 2023

Office Use Only



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ALLAHABAD

2023 MAR 21 AM 9:06

SECRET

SECRET

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ALLAHABAD

2023 MAR 21 AM 9:58

RECEIVED

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 03/21/2023

**\*\*WALK IN\*\***

ENTITY NAME Ricmaya 14252, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: I20160000072

*S. R. J. W.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

2023 MAR 21 AM 9:07  
SECTION 1  
FALLABALL, FL

001  
00  
00

1. The name of a limited liability company is

RICMAYA 14252, LLC

2. The Articles of Organization were filed on AUGUST 21, 2018 and assigned

document number L18000200497

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).

WINDING UP

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

RICCARDO BELFIORE  
Printed Name

FILING FEE: \$25.00