L18000 256 479

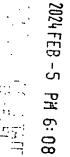
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

Registration Section Division of Corporations

TO:

SHRIGGT	OLIVEIRA MONTEIRO LLC				
SUBJECT: (Name of Limited Liability Company)					
The enclose	ed Articles of Dissolution and fee(s) are submit	ted for filing.			
Please retu	rn all correspondence concerning this matter to	the following:			
	FLAVIA SALGADO ESPINDOLA ROI	DRIGUEZ PAZOS			
	(Name of Person)				
IPLAN FINANCIAL SOLUTIONS LLC					
(Firm/Company)					
1065 TILDENVILLE SCHOOL ROAD					
(Address)					
	WINTER GARDEN - FLORIDA - 34787				
	(City/Sta	ate and Zip Code)			
For further	information concerning this matter, please call	:			
FI	LAVIA PAZOS	786 5085644 at ()			
_	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is	a check for the following amount:				
■ \$25.00 Filing Fee and Certificate of Dissolution		S55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	lailing Address:	Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
T	allahassee, 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		
	OLIVEIRA MONTEIRO LLC		
2.	The Articles of Organization were filed on 10/31/2018	and assigned	
	document number L18000256479		
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 Note: If the date inserted in this block does not meet the applicable statutory filing listed as the document's effective date on the Department of State's records.	document is received for minig)	be
4.	A description of occurrence that resulted in the limited liability company's di 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ssolution pursuant to section	
	Liquidation of all assets	200	
		TE .	
		5	- -
		755 R	
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. ał	Signature of an authorized person or if there are no members, the signature of pove to wind up the company's activities and affairs:	The person appointed and lis	ted
	Mintague Illan CRISTIANE WELLISCH	H DE OLIVEIRA	
	Signature	Name	

FILING FEE: \$25.00