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| (Re | equestor's Name) | | |
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| (Ad | dress) | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | MAIT | MAIL MAIL | |
| (Bu | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Cenified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE
TALL AHASSIF, FLORIDA

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COVER LETTER

| | sion of Corporations | | |
|---|--|---|--|
| SUBJECT: | Montesur Gestora LLC | | |
| Somet. | (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 | e following: | |
| | John Ainsworth, Esq. | | |
| | (Name | of Person) | |
| | Ainsworth & Clancy PLLC | | |
| | (Fim/ | Company) | |
| | 801 Brickell Avenue, 9th Floor | | |
| | (Ad | dress) | |
| | Miami, FL 33131 | | |
| | (City/State | and Zip Code) | |
| For further is | nformation concerning this matter, please call: | | |
| John Ainsworth | | 305 600-3816 | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a | check for the following amount: | | |
| 3 525 | .00 Filing Fee and Certificate of Dissolution | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | |
| | iling Address: | Street Address: | |
| Registration Section Registration Section Division of Corporations Division of Corporations | | Registration Section Division of Corporations | |
| | P.O. Box 6327 The Centre of Tallahassee | | |
| Tal | Hahassee, 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 Montesur Gestora, LLC | | |
|--|--|--|--|
| 2. | The Articles of Organization were filed on November 21, 2018 and assigned | | |
| | document number L18000270177 | | |
| 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). | | |
| Voluntary dissolution upon consent of all Members pursuant to Section 9.1.2 of the Operating Agreement | | | |
| | Voluntary dissolution upon consent of all Members pursuant to Section 9.1.2 of the Operating Agreement Voluntary dissolution upon consent of all Members pursuant to Section 9.1.2 of the Operating Agreement If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: | | |
| | activities and affairs: AH IO: 20 | | |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: | | |
| | Jose Luis Aguera Gimeno Printed Name | | |
| | Signature Printed Painte | | |

FILING FEE: \$25.00