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(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:		
Certified Copies Certificates of Status		





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COVER LETTER

Registration Section Division of Corporations

TO:

AGROSS INTERNATIONAL LLC SUBJECT:	
	mited Liability Company)
The enclosed Articles of Dissolution and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
LUIS R. SMITH	
(1)	Name of Person)
TAXES USA LLC	
	Firm/Company)
11402 NW 41ST STREET SUITE 211	1
	(Address)
DORAL, FL 33178	
(City)	/State and Zip Code)
For further information concerning this matter, please c	call:
LUIS R. SMITH	305 4702429 at ()
(Name of Person)	at ()
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:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

,	
	CLES OF DISSOLUTION FOR TED LIABILITY COMPANY y is
1. The name of a limited liability company	y is
AGROSS INTERNATIONAL LLC	
?. The Articles of Organization were filed	on 03/02/2019 and assigned
document number L19000080414	
Tenethye hate cannot o	on if not effective on the date of filing: 12/03/2019 be prior to or more than 90 days later than date document is received for filing) es not meet the applicable statutory filing requirements, this date will not be the Department of State's records.
 A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.0° OUT OF BUSINESS 	ed in the limited liability company's dissolution pursuant to section 707 on back cover letter).
OUT OF BUSINESS	
OUT OF BUSINESS	
5. If there are no members, enter the name	e and address of the person appointed to wind up the company's
activities and affairs:	
 	·
5. Signature of an authorized person or if above to wind up the company's activities	there are no members, the signature of the person appointed and listed and affairs:
(/1)	
EU_	CECILIA M LOPEZ
Signature	Printed Name