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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
 (Ci	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Ві	usiness Entity Name)	
(Do	ocument Number)	<u>.</u>
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	DiBella, LLC			
(Name of Limited Liability Company)				
The enclosed A	Articles of Dissolution and fee(s) are submitt	ted for filing.		
Please return a	Il correspondence concerning this matter to	the following:		
	Sandra Brown Sherman, Esq.			
	(Nan	ne of Person)		
	Sherman Atlas Sylvester & Stamelma	an LLP		
	(Fin	n/Company)		
	210 Park Avenue, 2nd Floor			
	(Address)		
	Florham Park, NJ 07932			
	(City/Sta	te and Zip Code)		
For further info	ormation concerning this matter, please call:			
Beat	rice Kwok	973 302-9704		
	(Name of Person)	(Area Code & Daytime Telephone Numbe	:r)	
Enclosed is a che	eck for the following amount:			
☐ \$25.6X	Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	ng Address:	Street Address:		
	stration Section	Registration Section		
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee		
- -	hassee, FL 32314	2415 N. Monroe Street, Suite 810		
1 4114	nimovery the view til	Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

DiBella, LLC	<u> </u>	
The Articles of Organization were filed on _	April 10, 2019 and assigned	
document number L19000094793		
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 relisted as the document's effective date on the Department of State's records.		
A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707 cceased doing business	the limited liability company's dissolution pursuant to section back cover letter).	
ceased doing business	· · · · · · · · · · · · · · · · · · ·	
ceased doing business	<u> </u>	
If there are no members, enter the name and activities and affairs:	address of the person appointed to wind up the company's	
Signature of an authorized person or if there ove to wind up the company's activities and	e are no members, the signature of the person appointed and laffairs:	
Docusigned by:	Aileen Crowley, Authorized Member	
154DCFB5C9FB450. Signature	Printed Name	

FILING FEE: \$25.00