

L19000 122 583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

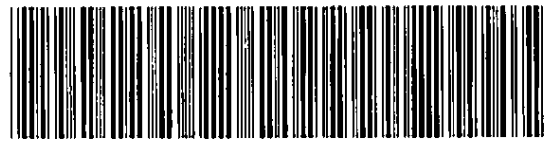
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/25/13--01028--003 **25.00

Dissolution

DEC 20 2013

D CUSHING



13330 West Colonial Drive, Unit 110
Winter Garden, FL 34787
T: 407.982.4321
F: 407.982.2587
www.LegalCounselPA.com

**Michele Diglio-Benkiran, Esquire*

By Appointment Only:
189 South Orange Avenue, Suite 1800
Orlando, FL 32801

November 21, 2019

Division of Corporations
Registration Sections
PO Box 6327
Tallahassee, FL 32314-6327

RE: Articles of Dissolution, Doc. No.: L19000122583

To Whom It May Concern,

In connection with the above addressed matter hereto please find the following:

1. Check #2118 payable to Secretary of State in the amount of \$25.00 representing the articles of dissolution, doc no.: L19000122583; &
2. Articles of Dissolution for a Limited Liability Company.

If there is anything further that we may assist with, please do not hesitate to contact our office.

Respectfully,

A handwritten signature in black ink, appearing to read 'Michele Diglio-Benkiran', with a long horizontal stroke extending to the right.

Michele Diglio-Benkiran, Esquire

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UCMone, LLC

(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 following:

Michele Diglio-Benkiran, Esquire

(Name of Person)

Legal Counsel, P.A.

(Firm/Company)

13330 W. Colonial Dr. #110

(Address)

Winter Garden, Florida 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Diglio-Benkiran

(Name of Person)

407

at (

982-4321

) _____
(Area Code & Daytime Telephone Number)

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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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

UCMONE, LLC

2. The Articles of Organization were filed on 05/06/2019 and assigned

document number L19000122583

3. The delayed effective date the dissolution if not effective on the date of filing: 11/20/2019
(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).

Consent of all members to dissolution as members decided not to conduct business in Florida.

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:

x


Signature

UnaCasa Mia.Com, LLC by Carlos Jardino, Manager
Printed Name

FILING FEE: \$25.00