<u>L19000129831</u>

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
		MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



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COVER LETTER

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TO: Registration Section **Division of Corporations**

PRODUCTOS INTERNACIONALES DIAMANTES LLC SUBJECT: _____

(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:

EUGENE LAVIN

(Name of Person)

PRODUCTOS INTERNACIONALES DIAMANTES LLC

(Firm/Company)

3350 NW 2ND AVE, STE A46-B

(Address)

BOCA RATON, FL 33431

(City/State and Zip Code)

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For further information concerning this matter, please call:

EUGENE LAVIN

(Name of Person)

573 - 5547)

(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 TT 10014

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	PRODUCTOS INTERNACIONALES DIAMANTES LLC

2. The Articles of Organization were filed on <u>May 14,2019</u> and assigned

document number _____

3. The delayed effective date the dissolution if not effective on the date of filing: <u>August 20, 2021</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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).

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		PH SSI SSI
If there are no members, c	enter the name and address of the person appointed to w	vind up the company &
activities and affairs:		
activities and affairs:		
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:

Eugene

EUGENE LAVIN

Printed Name

FILING FEE: \$25.00