

L19 000 148597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

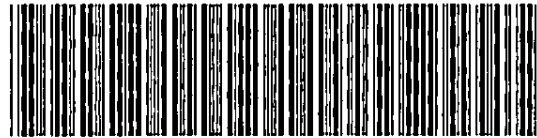
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAY 03 2021

05/04/21--01034--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 MAY -3 PM 12:07

MAY 18 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA DE LOS ARCANGELES, L.L.C.

(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:

GABRIEL RAMOS, MBA

(Name of Person)

RAMOS, RAMOS & COMPANY

(Firm/Company)

8798 SW 8TH STREET, SUITE 6

(Address)

MIAMI, FL 33174

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Ramos, MBA

(Name of Person)

305

220-2127

at (

_____) _____
(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

CASA DE LOS ARCANGELES, LLC

2. The Articles of Organization were filed on June 04, 2019 and assigned

document number L19000148597

3. The delayed effective date the dissolution if not effective on the date of filing: April 19, 2021

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

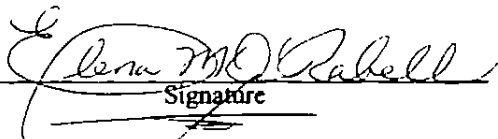
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The Company ceased all operating activities.

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:


Signature

Maria Elena Martinez Miller, Mgr.
Printed Name

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CASA DE LOS ARCANGELES, LLC

Document number of Limited Liability Company is: L19000148597

Date of dissolution was: April 19, 2021

Description of information that must be included in a written claim:

All claims against the assets of the Company must be made in writing and must include the claim amount, origination date and copy of document supporting the claim. The deadline for submitting claims is 120 days from the date "Articles of Dissolution" are filed ("Claim Date"). All Claims not received by the "Claim Date" will not be recognized.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

185 SE 14th Terrace, Unit 1811

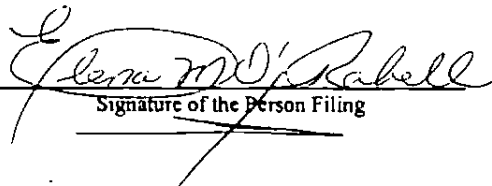
Miami, FL 33131

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2021 MAY -3 PM 12:07

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Maria Elena Martinez Miller, Mgr.

Printed Name of the Person Filing


Signature of the Person Filing