

119000182433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

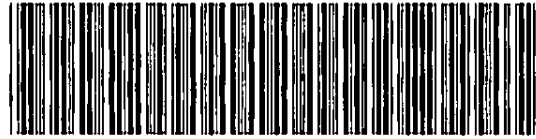
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700382663947

6 11121-101 07--015 **25.00

FILED

2022 MAR 11 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FL

cf 3/23/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Supero Investment 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:

Daniel A. Beaupertuy

(Name of Person)

Supero Investments LLC

(Firm/Company)

6464 Caballero blvd.

(Address)

Coral Gables, FL 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

CRISTINA MENDIA BEAUPERTHUY

(Name of Person)

305

975-5119

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

FILED

2022 MAR 11 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
SUPERO INVESTMENTS LLC

2. The Articles of Organization were filed on 7/16/2019 and assigned
document number L190001824333

3. The delayed effective date the dissolution if not effective on the date of filing: 10/1/22
(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 has closed all operations.

The company has closed all operations.

The company has closed all operations.

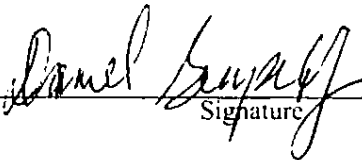
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Cristina Mendia

646 Caballero blvd

(6464)

Coral Gables, FL 33146

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

Daniel Beauperthuy

Printed Name

FILING FEE: \$25.00