Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

١,

Account Name : BARBOSA LEGAL Account Number : I20110000049

Phone : (305)501-4680

Fax Number : (305)359-9543

LLC DISSOLUTION OR WITHDRAWAL POSITANO SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	POSITANO SOLUTIONS, LLC	
3001		d Liability Company)
The end	closed Articles of Dissolution and fee(s) are submitt	ed for filing.
Please r	return all correspondence concerning this matter to t	he following:
	Ileana York	
(Name of Person)		
	Barbosa Legal	
(Firm/Company)		(Company)
	407 Lincoln Road PH-NE	
		Address)
	Miami Beach, FL 33139	
	(City/Stat	e and Zip Code)
For furt	her information concerning this matter, please call:	
	Ileana York	305 501-4680
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)
Enclosed	d 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	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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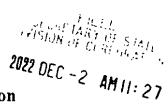
ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is POSITANO SOLUTIONS, LLC		
2.	The Articles of Organization were filed on 12/03/2019 and assigned		
	document number L19000284122		
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 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 members consent and approve the dissolution of the company.		
	The members consent and approve the dissolution of the company. The members consent and approve the dissolution of the company.		
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. вb	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
	Morse York Ileana York		
	Signature Printed Name		

FILING FEE: \$25.00

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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:POSITANO SOLUTIONS, LLC
Document number of Limited Liability Company is:
Date of dissolution was: 12/1/2022
Description of information that must be included in a written claim:
Claim must be in writing and state the name and contact information of the party making the claim and detailed
allegations.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Barbosa Legal, 407 Lincoln Road PH-NE, Miami Beach, FL 33139
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.
Ileana York Mayor Unit
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00