170 0000041752

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u> </u>	

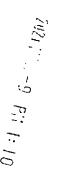




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03/09/21--01022--014 **25.00

R. WHITE MAY 17 2021



COVER LETTER

TO:	Registration Section Division of Corporations				
SURJE	Aconcagua SPV LLC				
JOBOL	(Name of Limited	Liability Company)			
The enc	losed Articles of Dissolution and fee(s) are submitted	I for filing.			
Please re	eturn all correspondence concerning this matter to the	e following:			
	Mariano Scandizzo				
	(Name	of Person)			
	Aconcagua SPV LLC				
	•	Company)			
	10811 33rd SW				
	Miami Florida 33165	ldress)			
		and Zip Code)			
For furtl	her information concerning this matter, please call:				
	Mariano Scandizzo	at ()(Area Code & Daytime Telephone Number)			
	(Name of Person)	(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			

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: Aconcagua SPV LLU	•
Document number of Limited Liability Company is: 120	000041782
Date of dissolution was:	
Description of information that must be included in a wri	tten claim:
Mailing address where claims can be sent: (Claims cannot	ot be sent to the Division of Corporations)
10811 33rd SW Miami Florida 33165	
	·····
	<u> </u>
A claim against the above named limited liability comparcial is commenced within 4 years after the filing of this	ny will be barred unless a proceeding to enforce the notice.
Mariano Scandizzo	
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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is				- ; `*
•	Aconcagua SPV LLC		· · · · · · · · · · · · · · · · · · ·		~ <u>°</u>
2.	The Articles of Organization were filed on $\frac{3/8}{2}$	3/2021	and ass	igned	
	document number L20000041782				
3.	The delayed effective date the dissolution if no (effective date cannot be prior to Note: If the date inserted in this block does not make listed as the document's effective date on the Department.	o or more than 90 days later than neet the applicable statutory f	date document is	s received for t nts, this date	filing) will not be
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on l	e limited liability company back cover letter).	's dissolution	pursuant to	section
	,, ,,	,			
		· · · · · · · · · · · · · · · · · · ·			
5.	If there are no members, enter the name and ad	ddress of the person appoir	nted to wind u	p the compa	any's
5.		ddress of the person appoir	·	p the compa	any's
5.			·	p the compa	any's
5.			·	p the compa	any's
5.			·	p the compa	any's
	activities and affairs:				
	activities and affairs:				
	activities and affairs:				

FILING FEE: \$25.00