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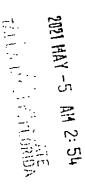
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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	BELLA KOSTURA LLC				
SUBJECT.	(Name of Limite	ed Liability Company)			
The enclose	d Articles of Dissolution and fee(s) are submitted	ted for filing.			
Please retur	m all correspondence concerning this matter to	the following:			
	JUAN A. HURTADO				
	(Nan	ne of Person)			
	BELLA KOSTURA LLC				
	(Firm/Company)				
	16360 NW 5 ST				
		Address)			
	PEMBROKE PINES, FL 33028				
	(City/Sta	ate and Zip Code)			
For further	information concerning this matter, please call	:			
JUAN A. HURTADO		305 4580068 at ()			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is	a check for the following amount:				
■ \$2	25,00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	lailing Address:	Street Address:			
	egistration Section	Registration Section Division of Corporations			
	rivision of Corporations .O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia BELLA KOSTURA LLC	bility company is	
2. The Articles of Organizat	tion were filed on 03/02/2020	and assigned
document number L2000	0068629	
Note: If the date inserted	e the dissolution if not effective on the date of filir ive date cannot be prior to or more than 90 days later than dat in this block does not meet the applicable statutory filing fective date on the Department of State's records.	e document is received for rung)
4. A description of occurrer 605 0707 Florida Statute	nce that resulted in the limited liability company's of (copy 605,0707 on back cover letter).	lissolution pursuant to section
	DEVELOPED DUE THE HEALTH CRISIS RELATE	D TO COVID19.
THIS COMPANY NEVER I	DEVELOPED DUE THE HEALTH CRISIS RELATED DEVELOPED DUE THE HEALTH CRISIS RELATED enter the name and address of the person appointed JUAN A. HURTADO	O TO COVID19.
activities and affairs:	16360 NW 5TH STREET	1K -5
	PEMBROKE PINES FL 33028	AM 2: 5
6. Signature of an authorize above to wind up the compa	d person or if there are no members, the signature ny's activities and affairs: JUAN A, HURTADO	of the person appointed and listed
Signature	Printo	ed Name

FILING FEE: \$25.00