

L20000117986
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: Account Name : EXPERTAX
Account Number : 120200000010
Phone : (407)777-7470
Fax Number : (321)206-9743

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 19 AM 10:11

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**LLC DISSOLUTION OR WITHDRAWAL
HOLA OSCEOLA LLC**

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

NOV 22 2021

S. PRATHER

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TALLAHASSEE, FLORIDA

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H210004266343

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLA OSCEOLA 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:

JOSE H NATER

(Name of Person)

(Firm/Company)

3502 SPRITE LANE

(Address)

SAINT CLOUD, FL 34772

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE H. NATER

(Name of Person)

at (407)

3018200

(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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 19 AM 10:11

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1. The name of a limited liability company is
HOLA OSCEOLA LLC

2. The Articles of Organization were filed on 04/27/2020 and assigned
document number L20000112986

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).

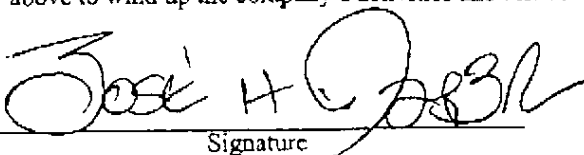
THE OWNER WANT TO DISSOLUTION

THE OWNER WANT TO DISSOLUTION

THE OWNER WANT TO DISSOLUTION

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


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: HOLA OSCEOLA LLC

Document number of Limited Liability Company is: L20000112986

Date of dissolution was: 11/17/2021

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

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

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.

Jose Pater
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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

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