120000160264

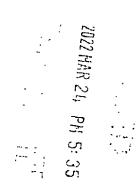
(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,,
(Document Number)
Certified Copies Certificates of Status
Consist on the second
Special Instructions to Filing Officer:

Office Use Only



800361630898

03/24/21--01023--006 **25.00



O SIMMONS MAY 27 2021

COVER LETTER

Division of Corporations	
SUBJECT: Ultimate Ac	ademy of Martial Arts L
(Name of Limited	d Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitte	rd for filing.
Please return all correspondence concerning this matter to the	ne following:
<u>Edvardo</u>	Movilla
	Phane-4 386-316-2990 (Company)
12905 SW 3	• •
Miami_FL(City/State	33/77 and Zip Code)
For further information concerning this matter, please call:	
Eduardo Movilla (Name of Person)	at (<u>786</u>) <u>316-2990</u> (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	Street Address:
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is 2022 MAR 21; PH 5: 35
	Ultimate Academy OF Martial Ari
2.	The Articles of Organization were filed on $\frac{1}{b} \frac{1}{2020}$ and assigned
	document number $\overline{EIh} \# 32 - 0.63/233$
3.	The delayed effective date the dissolution if not effective on the date of filing: 9-1/-2-07-0 (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).
	Not enough business to
	continue the company, (covid 19)
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: **Edvardo Movila**
	12905 SW 211 Terrace
	M.am., FZ 33177
6. abo	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:
	Edvardo Moveller Signature Printed Name

FILING FEE: \$25.00