

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20000290875

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

**LLC DISSOLUTION OR WITHDRAWAL
CROCANTITO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROCANTITO 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:

GONZALO D. SANDOVAL

(Name of Person)

CROCANTITO LLC

(Firm/Company)

1800 SANS SOUCI BLVD APT. #428

(Address)

NORTH MIAMI, FL 35181

(City/State and Zip Code)

For further information concerning this matter, please call:

GONZALO D SANDOVAL

(Name of Person)

786

702-5827

at ()

(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

2022 DEC 27 PM 1:45

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

CROCANTITO LLC

2. The Articles of Organization were filed on 09/16/2020 and assigned

document number L20000290875

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.

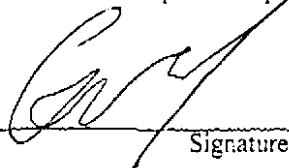
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Company is out of business.

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

GONZALO D. SANDOVAL

Printed Name

FILING FEE: \$25.00

2022 DEC 27 PM 1:45

FILED

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: CROCANTITO LLC

Document number of Limited Liability Company is: L20000290875

Date of dissolution was: 12/21/2022

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

Any claim should contain an extensive description of facts related to it. Also provide contact information.

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

1800 SANS SOUCI BLVD, APT 428

NORTH MIAMI, FL 33181

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.

GONZALO D SANDOVAL

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

2022 DEC 27 PM 1:45

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