

7/25/23, 11:25 AM

Division of Corporations

L2100078227

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

**LLC DISSOLUTION OR WITHDRAWAL
VALVERDE 10 LLC**

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 25 2023
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALVERDE 10 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:

LAURA KOHN

(Name of Person)

ARAZOZA & FERNANDEZ-FRAGA P.A.

(Firm/Company)

2100 SALZEDO ST. SUITE 300

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA KOHN

(Name of Person)

305

at ()

444-6226 EXT 233

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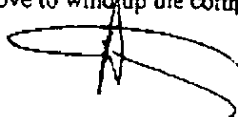
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
VALVERDE 10 LLC
2. The Articles of Organization were filed on 06/16/2021 and assigned
document number L21000282281
3. The delayed effective date the dissolution if not effective on the date of filing: FILING DATE
(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).

THIS LIMITED LIABILITY COMPANY IS BEING DISSOLVED BY THE
CONSENT OF ALL THE MEMBERS.

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:

X

Signature

ALAIN TOHME, Manager

Printed Name

FILING FEE: \$25.00

2023 JUN 25 PM 6 16