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(Re	questor's Name)	
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SECRETARY OF STATE

COVER LETTER

Div	gistration Section vision of Corporations		
SUBJECT:	Empanada Nana LLC.		
, obst.e i	(Name of Limited Liability Company)		
The enclosed	d Articles of Dissolution and fee(s) are su	bmitted for filing.	
Please return	n all correspondence concerning this matte	er to the following:	
	Katrina V. Carrero		
		(Name of Person)	
	EMPANABA M	AMA LLC.	
		(Firm/Company)	
	3353W 10th at 2950 E	NORTH ST APT 200 D	
	-	(Address)	
	Bora Raton FL 33432 GRE	ENVILLE, S.C. 29015	
	(Cid	ty/State and Zip Code)	
For further i	nformation concerning this matter, please	call:	
Ka	trina V. Carrero	347 993-2958	
	(Name of Person)	at () (Area Code & Daytime Telephone Number)	

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

2025 JAN -6 PM 3: 57

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab Empanada Nana LLC	oility company is
2. The Articles of Organizati	ion were filed on 06/29/2021 and assigned
document number 1.21000	299761
Note: If the date inserted in	e the dissolution if not effective on the date of filing: 12/20/2024 ve date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes	ce that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).
The decision to dissolve the l	LLC was made because the company never became operational. After the LLC was f
	LC was made because the company never became operational. After the LLC was f
5. If there are no members, e	enter the name and address of the person appointed to wind up the company's
activities and affairs:	Katrina V. Carrero
	2950 E North st apt 200 D
	Greenville SC 29615
6. Signature of an authorized	I person or if there are no members, the signature of the person appointed and liste

b

Katrina V. Carrero

Katrina V. Carrero

Printed Name

FILING FEE: \$25.00