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COVER LETTER

TO: Registration Section
Division of Corporations

ESQUEL EXPERIMENTAL DE MUSEO MANUEL BERTO LOPEZ, LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JO GAV LOPEZ DE PADRON

(Name of Person)

N/A

(Direct Contact)

3100 COLLINS W. APT. 1404

(Address)

MIAMI BEACH, FL 33140 US

(City, State and Zip Code)

For further information concerning this matter, please call:

GR HETTERMAN WOLF

954

268-6321

(Name of Person)

at

(Area Code & Telephone Number)

Enclosed is a check for the following amount:

☐ \$23.00 (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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ESQUELAVINO PRIMITIVO DE MUÑOZ AKA MUSEL ALBERTO LOPEZ, LLC

2. The Articles of Organization were filed on June 29, 2021 and assigned

document number 121000209774

3. The delayed effective date the dissolution if not effective on the date of filing Sept. 30, 2023
(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)
BUSINESS AND ACTIVITIES CLOSED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs
N/A

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

Olga Lopez de Padron
Signature

OLGA LOPEZ DE PADRON

Printed Name

FILING FEE: \$25.00