

L21000 365 6 94

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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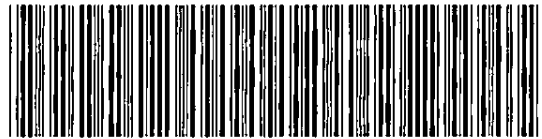
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BORIFONGO 100X35 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:

FANNY GONZALEZ

(Name of Person)

BORIFONGO 100X35 LLC

(Firm/Company)

4705 GLENCREST LOOP

(Address)

SAINT CLOUD FL 34772

(City/State and Zip Code)

For further information concerning this matter, please call:

FANNY GONZALEZ

(Name of Person)

407

973-9176

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

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TALLAHASSEE, FL

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

1. The name of a limited liability company is

BORIFONGO 100X35 LLC

2. The Articles of Organization were filed on AUGUST 16, 2021 and assigned

document number L21000365694

3. The delayed effective date the dissolution if not effective on the date of filing: 11/15/2024  
(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).

CLOSED BUSINESS

CLOSED BUSINESS

CLOSED 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:

FANNY GONZALEZ ROSADO

4705 GLENCREST LOOP

SAINT CLOUD FL 34772

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TALLAHASSEE, FL

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:

Fanny González  
Signature

FANNY GONZALEZ ROSADO

Printed Name

**FILING FEE: \$25.00**