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| (Re | questor's Name |) |
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| (Cit | ry/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | ıme) |
| \ | , | -, |
| (Document Number) | | |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to Filing Officer: | | |
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2022 OCT 26 PH 12: 54 SECRETARY OF STATE

COVER LETTER

SUBJECT: MAGALHAES ARAES ASSOCIATES LLC
(Name of Limited Liability Company)

TO:

Registration Section
- Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

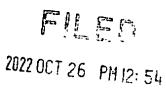
| The enclosed Articles of Dissolution and fee(s) are submitted | for filing | | | |
|---|--|--|--|--|
| | | | | |
| Please return all correspondence concerning this matter to the | following: | | | |
| THIAGO ANTONIO DA (Name o | | | | |
| MAGALHAES ARAES ASSOCIATES LLC (Firm/Company) | | | | |
| 4398 KIRKLAND BLVD (Address) ORLANDO - FLORIDA 32811 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| THIAGO A. C. ARAES at 407 B22 9772 (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| | S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | | | |
| Mailing Address: Registration Section Division of Corporations | Street Address: Registration Section Division of Corporations | | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| 1. The name of a limited liability company is MAGALHAES AR | SECRETARY OF STATE | |
|---|--|--|
| 2. The Articles of Organization were filed on | 04/23/2022 and assigned | |
| document number <u>L 2200020</u> | 5134 | |
| 3. The delayed effective date the dissolution if (effective date cannot be price) Note: If the date inserted in this block does not listed as the document's effective date on the E | not effective on the date of filing: 10/17/2022 or to or more than 90 days later than date document is received for filing) at meet the applicable statutory filing requirements, this date will not be department of State's records. | |
| A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707) | the limited liability company's dissolution pursuant to section on back cover letter). | |
| Operational 155 net revenue. | Further investment | |
| not possible | | |
| / | address of the person appointed to wind up the company's | |
| activities and affairs: | | |
| | | |
| | | |
| | | |
| | | |
| 6. Signature of an authorized person or if there above to wind up the company's activities and | e are no members, the signature of the person appointed and listed affairs: | |
| | THIAGO ANTONIO DA COSTA ARAES | |
| Signature | Printed Name | |

FILING FEE: \$25.00