

L22000281238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

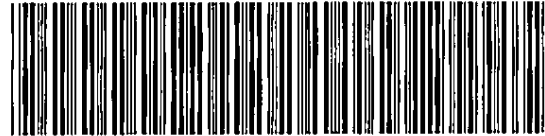
Certified Copies _____ Certificates of Status _____

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JUN 19 2023

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FILED
SECRETARY OF STATE
2023 MAR 28 AM 8:28



March 27, 2023

Registration Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Via Courier

RE: Eugenio Lopez Chacarra LLC

Dear Sir or Madam:

Enclosed are the following:

- Two copies of the Articles of Dissolution
- A check in the amount of \$ 55.00, for the filing fee

Regards,

A handwritten signature in black ink, appearing to read 'J. Pokorny', is written over the typed name and the word 'enclosures'.

James R. Pokorny
enclosures

cc: Eugenio Lopez Chacarra

Tax and Financial Management Services

150 Fairview Road, Suite 333, Mooresville, NC 28117
Phone: 440.543.3310 • Fax: 704.799.6596 • jim.pokorny@pokornyandcompany.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eugenio Lopez Chacarra 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:

James R. Pokorny

(Name of Person)

Pokorny and Company

(Firm/Company)

150 Fairview Road, Suite 333

(Address)

Mooreville, NC 28117

(City/State and Zip Code)

For further information concerning this matter, please call:

James R. Pokorny

440

543-3310

at (_____) _____

(Name of Person)

(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:

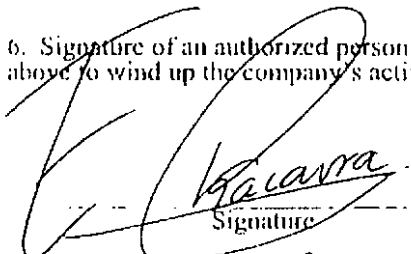
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
Eugenio Lopez Chacarra LLC
2. The Articles of Organization were filed on June 22, 2022 and assigned
document number 1.22000281238
3. The delayed effective date the dissolution is not effective on the date of filing: 12/31/2022
(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).
In accordance with 605.0701-(2), the articles of dissolution are submitted at the consent of the single member.

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:


Signature

Eugenio Lopez Chacarra
Printed Name

FILING FEE: \$25.00

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000281238

Entity Name: EUGENIO LOPEZ CHACARRA LLC

Current Principal Place of Business:

150 FAIRVIEW ROAD, SUITE 333
MOORESVILLE, NC 28117

Current Mailing Address:

150 FAIRVIEW ROAD, SUITE 333
MOORESVILLE, NC 28117 US

FEI Number: 88-2920705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name POKORNY, JAMES R
Address 150 FAIRVIEW ROAD, SUITE 333
City-State-Zip: MOORESVILLE NC 28117

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES RICHARD POKORNY

AMBR

01/27/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date