

L220000453902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

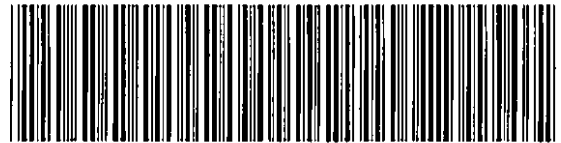
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/11/24--01008--017 **25.00

FILED
2024 JAN 11 PM 4:08
CLERK OF COURT
JAN 11 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cipriano Zonin 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:

Ashley salmon
(Name of Person)

Cipriano Zonin LLC
(Firm/Company)

601 Press Pl. Apt 317
(Address)

Nashville, TN 37208
(City/State and Zip Code)

For further information concerning this matter, please call:

John salmon at 615-939-9392
(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

Cipriano Zonin LLC

2. The Articles of Organization were filed on October 21, 2022 and assigned

document number L22000453902

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

company closed permanently

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:

Ashley Salmon
Signature

ASHLEY SALMON
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CIPRIANO ZONIN LLC

Document number of Limited Liability Company is: L22000453902

Date of dissolution was: 12/31/2023

Description of information that must be included in a written claim:

company closed permanently

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ASHLEY SALMON
601 PRESS PL
APT. 317
NASHVILLE, TN 37208

2024 JAN 1 PM 11:08
RECEIVED
DIVISION OF CORPORATIONS

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ASHLEY SALMON

Printed Name of the Person Filing

Ashley Salmon

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00