

123000056205

(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



300400017343

[Handwritten signature]
9/1/23

01/19/23--01018--024 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ASSET GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES LORZA

Name of Person

Firm/Company

20301 W COUNTRY CLUB DR 1530

Address

MIAMI, FL 33180

City/State and Zip Code

MARIN8383@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES LORZA

786

3128816

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

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TALLAHASSEE, FL

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ANDRES LORZA
20301 W COUNTRY CLUB DR 1530
MIAMI FL 33180

MGR

MARITZA MARIN
20301 W COUNTRY CLUB DR 1530
MIAMI FL 33180

(Use attachment if necessary)

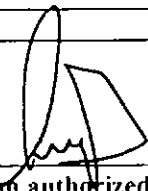
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

ANDRES LORZA

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE FL

Jan 11 2023

Hello

My name is Maritza Marin, and I need to please close and release the name of my corporation Asset Group LLC which has been administratively dissolved since 9-23-2022. Document # L21000523225, That LLC is inactive and I want to drop and release that name, in order to open a new LLC with the same name now.

Thank you

Maritza Marin

20301 W Country Club Dr B30
Aventura, FL 33180



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TALLAHASSEE, FL

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CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF Virginia

COUNTY OF Alexandria

On 01/11/2023 before me Ameenha Hafeesah Guillory Notary Public,
Date (here insert name and title of the officer)

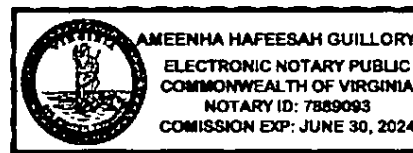
personally appeared Maritza Marin

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of my notary public commission state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Document Notarized using a Live Audio-Video Connection



Signature: A Guillory

(Seal)

OPTIONAL

Description of Attached Document

Title or Type of Document: newdoc2023-01-1115.47.40.pdf Number of Pages: 3

Document Date: 01/11/2023 Other: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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