

# L23000146843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

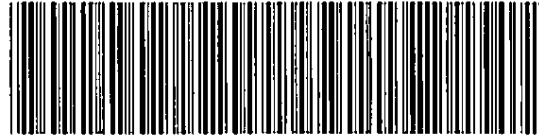
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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FILED

2023 OCT 25 AM 9:04

TALLAHASSEE, FLORIDA

RECEIVED

OCT 25 PM 3: 5

Office  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**incserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 10/25/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1189356

**ORDER ENTITY**

MAPOLIRO REAL ESTATES LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**MAPOLIRO REAL ESTATES LLC ( FL )**

File the attached dissolution document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAPOLIRO REAL ESTATES 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:

Adriana Macedo

(Name of Person)

Assure International LLC

(Firm/Company)

801 Brickell Avenue, 8th Floor

(Address)

Miami, FL, 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Adriana Macedo

305

239-9080

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

FILED

2023 OCT 25 AM 9:04

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
MAPOLIRO REAL ESTATES LLC

2. The Articles of Organization were filed on March 30, 2023 and assigned  
document number L23000146843

3. The delayed effective date the dissolution is not effective on the date of filing: \_\_\_\_\_  
(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).

The company did not have any activity and it is no longer needed

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Marcel Pontes Oliveira

Rua Prudente de Moraes, 1415/1104

Rio de Janeiro, RJ, Brazil

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:

Marcel Pontes Oliveira  
Signature

Marcel Pontes Oliveira

Printed Name

FILING FEE: \$25.00