

L23000152167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

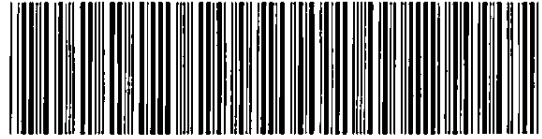
(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED MAY 21 2024

FILED

2024 MAY 21 PM 12:08

CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nena Angels 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:

Ileana Alvarez
(Name of Person)

Nena Angels LLC
(Firm/Company)

12250 NW 8 ave
(Address)

Miami, FL, 33168
(City/State and Zip Code)

For further information concerning this matter, please call:

Ileana Alvarez at (786) 606-0217
(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

1. The name of a limited liability company is

Aena Angels LLC

2024 MAY 21 PM 12: 08

2. The Articles of Organization were filed on

05/02/24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

document number

L23000152167

3. The delayed effective date the dissolution if not effective on the date of filing:

05/02/24

(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.

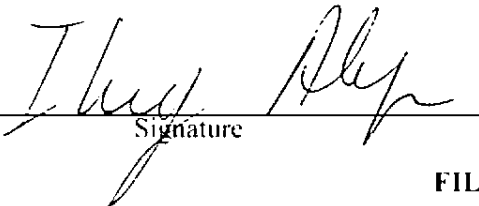
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

No longer exist. ~~After~~ used
very shortly. ReTire

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:


Signature

Ileana Alvarez
Printed Name

FILING FEE: \$25.00