

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : KIJONNA SERVICES INC
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

RECEIVED

2024 MAY -6 AM 9:55
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POLANCO 835-63 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

11:01:17

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Corporate Filing Menu

Help

T. LEMIEUX
MAY 07 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLANCO835-63 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:

ENNA DIEPPA

(Name of Person)

KIJOENNA SERVICES INC

(Firm/Company)

2141 SW 1 ST STE 110

(Address)

MIAMI

(City/State and Zip Code)

For further information concerning this matter, please call:

ENNA DIEPPA

(Name of Person)

7864997132

at ()

(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

POLANCO 835-63 LLC

2. The Articles of Organization were filed on 05/02/24 and assigned

document number L23000222000

3. The delayed effective date the dissolution is not effective on the date of filing: 04/19/2024

(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).

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:

Nancy Rijs
Signature

NANCI RIJO

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: POLANCO 835-63 LLC

Document number of Limited Liability Company is: L23000222000

Date of dissolution was: 05/02/24

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

Mailing address where claims can be sent: (Claims cannot be sent to the 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.

NANCY RIJO

Printed Name of the Person Filing

Nancy Rijo
Signature of the Person Filing

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