7/2**.4**4, 2:30 PM Division of Corporations

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Account Number : I20140000083 Phone

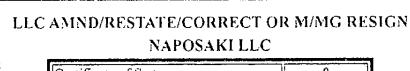
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## **COVER LETTER**

TO:		ition Section 1 of Corporations		
SUBJE		POSAKI LLC		
		ì	bility Company	
Dear Si	r or Ma <b>d</b> a	nm:		
The enc	losed Sta	tement of Correction and fee(s) a	ere submitted for filin	й.
Please r	etum ali	correspondence concerning this r	natter to the followin	5:
ZULUA	AGA RA.	MIREZ, MAURICIO A		
		Name of Person		_
		Firm/Company		_
11390 \$	SW 28TH	ST SUITE 310		
		Address		_
MIRAN	iar, fl	33025		
-	<del>,</del>	City/State and Zip Code	1, 113, 113	_
bvl@ret	taxservice	moo.		
E-	mail addı	ess: (to be used for future annual	report notification)	-
For turt	her inforn	nation concerning this matter, ple	rase cull:	
ZULUA	GA RAN	firez, mauricio a	407 at (	9104738
	······	Name of Person	Area Code	Daytime Telephone Number
	Registr Division P.O. Bo	Address: ation Section on of Corporations ox 6327 ossee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303
Enclose	d is a che	ck for the following amount:		
<b>≅</b> \$25 F	iling Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Centified Copy

## STATEMENT OF CORRECTION FOR

• Page: 4 of 5		2024-07-15 15:51:39 GMT	14072013961	From: Mana H			
	FLOR to section 605.0209, F.S	STATEMENT OF CORR FOR IDA OR FOREIGN LIMITED LI ,, this document is being submitted to cor	rect a previously filed document.	From: Maria H			
FIRST:	The name of the limited I	iability company is: NAPOSAKI LLC					
SECON THIRD:	<del></del>	ument number of the limited liability concorrected is:					
	(CHECK THE AP	PROPRIATE BOX AND COMPLETE	THE APPLICABLE STATEM	HENT .			
;	statement are as follows: The name of the designate	tement. The incorrect statement, the reased person on the voluntary dissolution was suppointed persons are: ZULUAGA RAMII	wrong	he corrected			
!	<u>OR</u>						
as	/as defectively signed. The manner in which the document was defectively signed and the appropriate correction are stollows:  the way in which the document was signed defectively was: NICOLAS GRAJALES DUOUE						
	and the corresponding correction are as follows:						
ZUI	ZULUAGA RAMIREZ, MAURICIO A - QUINTERO HOYOS, NHORA M -11390 SW 28TH ST SUITE 310MIR.						
	OR						
•	Hourse	on of the record was defective.  O 2.000000 uthorized Representative	ンテ/45/20. Date	24			
Cirmatur	•	, if applicable :( NOTE: if correcting the	,	d agent must sign			
	the designation).	the appropriate of the control of the					

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

From: Maria Huertas

FILED Apr 25, 2024 Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

NAPOSAKI LLC

The document number of the limited liability company: L23000272361

The file date of the articles of organization: June 5, 2023

The effective date of the dissolution if not effective on the date of filing; April 25, 2024

A description of occurance that resulted in the limited liability company's dissolution:

I AM PROCEEDING WITH THE DISSOLUTION OF MY COMPANY DUE TO THE LACK OF COMMERCIAL ACTIVITY SINCE ITS OPENING AND THE SIGNIFICANT FINANCIAL LOSSES IT HAS EXPERIENCED.

The name and address of the person appointed to wind up the company's activities and affairs:

NICOLAS GRAJALES DUQUE 12584 NW 57TH PL CORAL SPRINGS, FL 33076

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: NICOLAS GRAJALES DUQUE

Electronic Signature of authorized person