123000279112



(Req	uestor's Name)				
(Address)					
(Add	ress)				
(Čitv	/State/Zip/Phoni	e #\			
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PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nar	ne)			
(Doc	ument Number)				
Certified Copies	Certificates	s of Status			
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Special Instructions to F	iling Officer:				
		<u>.</u>			

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10/07/24--01013--006 **25.00

(A) CALLAGRACIO (C. C.)

COVER LETTER

TO: Registration Section

Division of Corporations							
SUBJECT:	GUIA	PARA	Wēgo	ocios, LLC			
(Name of Limited Liability Company)							
The enclosed Ai	nicles of Dissoli	ition and fee(s)	are submittee	d for filing.			
				·			
Please return all	l correspondence	concerning thi	s matter to th	e following:			
	- Ta-	.1 MA	Adon a	do			
	Tot Maldowado (Name of Person) Tot Maldowado (City/State and Zip Code) (Name of Person) at (787), 299-46/2 (Name of Person)						
			,				
	550 Hassocks Loop						
	 -		(Ac	Idress)			
	LAKE	- Mar	y, F	L 32746			
			(City/State	and Zip Code)			
For further infor	mation concerni	ng this matter. J	please call:				
Ja	or/ MA	ldona	lo	ar (787) 299-4612			
- · - ·	(Name	of Person)		(Area Code & Daytime Telephone Number)			
Enclosed is a chec	k for the following	g amount:					
≱ \$25.00 F	Filing Fee and Cer	tificate of Dissoli	ution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing	Address:			Street Address:			
Regist	ration Section			Registration Section			
	Division of Corporations Division of Corporations						
P.O. Box 6327 The Centre of Tallahassee			The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	oility company is Ngo cros	LLC			
2. The Articles of Organizat			ク 2 3 and a	ssigned	<u>-</u>
document number <u>L</u> 2	13000279112	<u>. </u>			
	e the dissolution if not ef ive date cannot be prior to or n n this block does not meet t fective date on the Departm	he applicable statutor	y filing requiren	v. 01, t is receive nents, this	20 24 d for filing) date will not b
4. A description of occurren 605.0707, Florida Statutes	. (copy 605.0707 on bac)	k cover letter).			•
Oct of	business.			<u></u>	<u>. </u>
					· ·
				1, 11001	_,
				77.	ć.
5. If there are no members, e activities and affairs:	enter the name and addres				
	550 HA	ssocks L	000		
	550 HA LAKE M	lang, FL	327	46	
 Signature of an authorized above to wind up the compar 	l person or if there are no y's activities and affairs:	members, the signa	ature of the per	son appo	inted and list
fulfa	· f	Jo1/	Wslde	n rel	6
Signature			Printed Name		
	FILING	FEE: \$25.00			