# Florida Department of State Division of Corporations Electronic Filing Cover Steel Composition of Composition Cover Steel Division Cover Steel Division

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ATESIANO TAX SERVICES

Account Number : I20190000123 Phone : (305)928-1137 Fax Number : (786)349-4952

### ONE ROYAL ESTATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED DAY 16 PM 12: 56

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is ONE ROYAL ESTATES LLC
2,	The Articles of Organization were filed onand assigned
	document number L23000306201
3.	The delayed effective date the dissolution if not effective on the date of filing:  (offective 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).
	Partner interests are no longer aligned.
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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listenesse to wind up the company's activities and affairs:
j So	Andrea X Villarreal Escobar  Signature  Andrea X Villarreal Escobar
-	Signature Printed Name
	र्मा स्थित

### 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	ONE ROYAL ESTATES LLC Limited Liability Company:
Docume	nt number of Limited Liability Company is:
Date of	tissolution was:
escript	ion of information that must be included in a written claim:
Vo know	n opened or pending claims
lailing	address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	1911 NW 150 AVENUE, SUITE 102
	PÊMBROKE PINES, FL 33028
-	
-	
-	

le claim is commenced within 4 years after the filing of this notice.

Andrea X Villarreal Escobar

Printed Name of the Person Filing

Andrea X Willower Escabor
Signature of the Person Filling