

L23000362906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

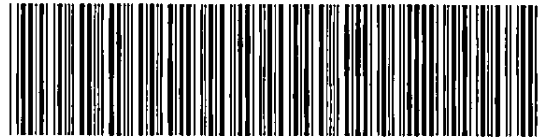
(Document Number)

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12/19/24--01021--002 **25.00

2024 DEC 20 1:07:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES 1922 LLC

DOCUMENT NUMBER: L23000362906

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HERNANDEZ, JUAN

(Name of Contact Person)

MGR

(Firm/Company)

11124 LONGLEAF WOOD DR

(Address)

ORLANDO, FL. 32832

(City/State and Zip Code)

For further information concerning this matter, please call:

HERNANDEZ, JUAN

(Name of Contact Person)

at (⁴⁰⁷)

8204333

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status & 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

INVERSIONES 1922 LLC

2. The Articles of Organization were filed on 08/02/2023 and assigned

document number L23000362906

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

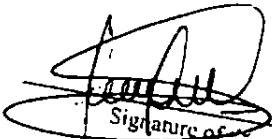
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

From the beginning, certain expectations and commitments were established that, unfortunately, were not met.

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:


Signature of _____

JUAN HERNANDEZ

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: INVERSIONES 1922 LLC

Document number of Limited Liability Company is: L23000362906

Date of dissolution was: 10/01/2023

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

From the beginning, certain expectations and commitments were established that, unfortunately, were not met.

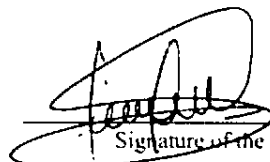
This has affected my ability to continue with the project/business relationship effectively

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.

JUAN HERNANDEZ

Printed Name of the Person Filing



Signature of the Person Filing