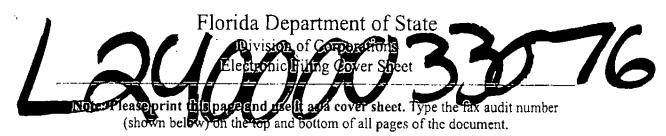
11/21/24, 11:19 AM

**Division of Corporations** 



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 : (786)947-0844

Fax Number

LLC DISSOLUTION OR WITHDRAWAL OLD PORT SEAFOOD LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX NOV 2 6 2024

## **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT:

(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:

ucia Estrella
LICENSES POPULOS SIGNATURAS SIGNATURAS
(Firm/Company)
8300 W Flagler St.
Himi Fl 33/44
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

JUP FOLVE

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(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

525.00 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	
2.	The Articles of Organization were filed on 17, 2024 and assigned	
	document number <u>1240000</u> 33070	
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 no listed as the document's effective date on the Department of State's records.	t be
<b>4</b> .	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).	021407 S
	Not working	S :
		7:5
_		∾
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	
	Javiel releied	
	310 Læ av.	<u>ا</u>
	11 Stelite Black +1 321	2/
s ibo	Signature of an authorized person or if there are no members, the signature of the person appointed and li- ove to wind up the company's activities and affairs:	sted
	Juier Pereira	
•	Signature Printed Name FILING FEE: \$25.00	
	) I KEITO PEG. 343.00	

## 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: U.C. FOLF SOAFOOL L.C.
Name of Limited Liability Company: Of 100 ( CO 100 3 )
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Not WORLING
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
INPE PERME
310 100 ave.
500 000 51 3000
1 SARIAR BAICH FI Jars/
$\int$ .
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 filling of this notice.
KA SOVILOD TORRING
// Printed Name of the Person Filing Signature of the Person Filing
1 / /

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