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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone

: (305)226-8727

Fax Number

: (786)947-0844

LLC DISSOLUTION OR WITHDRAWAL I AM BRAVE FOUNDATION LLC

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

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Corporate Filing Menu

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T. LEMIEUX JUN - 3 2024 •

COVER LETTER

	istration Section © ision of Corporations				
SUBJECT:	I AM BRAVE FOUNDATION LLC				
(Name of Limited Liability Company)					
The enclosed	Articles of Dissolution and fee(s) are submi	nted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	LUCIA ESTRELLA				
	(Na	ne of Person)			
	LICENSES & PERMITS LLC				
	(Fir	m/Company)			
	8300 W FLAGLER ST				
		(Address)			
	MIAMI, FL 33144				
	(City/Str	ate and Zip Code)			
For further in	formation concerning this matter, please call	:			
LUC	CIA ESTRELLA	305 226-8727 at ()			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a c	heck for the following amount:				
₩ \$25.6	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		Street Address: Registration Section			
Div:	ision of Corporations	Division of Corporations			
	. Box 6327 ahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
1 211	MIMINOO, I IJ JEJ IT	Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

i.	The name of a limited liab	pility company is	
	I AM BRAVE FOUNDATION	ON LLC	<u> </u>
2.	The Articles of Organizati	on were filed on MAY 16, 2024 and assigned	
	document number L24000	228565	
3.	Note: If the date inserted in	the dissolution if not effective on the date of filing: 05/16/2024 we date cannot be prior to or more than 90 days later than date document is receive this block does not meet the applicable statutory filing requirements, this ective date on the Department of State's records.	ed for filing) s date will not be
4.	A description of occurrence 605.0707, Florida Statutes,	te that resulted in the limited liability company's dissolution pursual (copy 605.0707 on back cover letter).	ant to section
		NOT PROFIT WAS ENTERED INCORRECTLY	
5.	If there are no members, en	nter the name and address of the person appointed to wind up the c	
	activities and affairs:	AURA ELENA INEHOSA CAMARGO 1251 NE 108TH ST	Ompany's 2024 HAY 31 A
		APT 517	9 3
		MIAMI, FL 33161	9: 36
5. ab o	Signature of an authorized ove to wind up the company	person or if there are no members, the signature of the person apports activities and affairs:	ointed and listed
	lland	AURA ELENA INEHOSA CAMARGO	
	Signature	Printed Name	

FILING FEE: \$25.00

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:
Document number of Limited Liability Company is:
Date of dissolution was: MAY 16, 2024
Description of information that must be included in a written claim:
IT SHOULD OF BEEN A NON PROFIT WAS ENTERED INCORRECTLY
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1251 NE 108TH STREET
APT 517
MIAMI, FL 33161
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.
AURA ELENA INEHOSA CAMARGO
Printed Name of the Person Filing Signature of the Person Filing

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