

W7000066394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

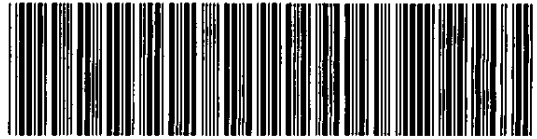
(Business Entity Name)

(Document Number)

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2009 APR 29 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

APR 30 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tlomando, LLC  
(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:

Abraham H. Getzel

(Name of Person)

(Firm/Company)

12717 W SUNRISE BLVD 190

(Address)

SUNRISE, FL 33323

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ABRAHAM GETZEL

(Name of Person)

at ( 305 ) 318 2525

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2009

ABRAHAM H. GETZEL  
12717 W SUNRISE BLVD 190  
SUNRISE, FL 33323

SUBJECT: TLOMANDO LLC  
Ref. Number: L07000066394

We have received your document for TLOMANDO LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 509A00003977

FILED  
2009 APR 29 AM 10:59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2009

ABRAHAM H. GETZEL  
12717 W SUNRISE BLVD 190  
SUNRISE, FL 33323

SUBJECT: TLOMANDO LLC  
Ref. Number: L07000066394

We have received your document for TLOMANDO LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

You failed to make the correction(s) requested in our previous letter.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 009A00010046

2009 APR 29 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Tlomando, LLC

2. The Articles of Organization were filed on 06/25/2007 and assigned document number L07000066394

3. The date the dissolution was approved: 12/31/2008

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Business closed.

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Abraham H. Getzel

**FILED**  
2009 APR 29 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE: \$25.00**