

L10000043383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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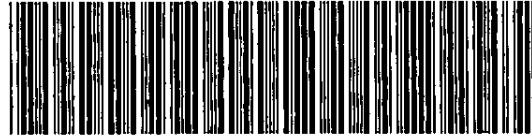
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 23 AM 7:44

MAR 24 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pamp?ia LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Hildas Olanio Rodriguez
Contact Person

Pamp?ia LLC
Firm/Company

4770 Biscayne Blvd Suite 400
Address

Hiami, FL 33131
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karina Pacheco at 305, 300 5733
Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for
\$25 Filing Fee for dissolution

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

1. The name of a limited liability company is

Pampa LLC

2. The Articles of Organization were filed on 04/22/2010 and assigned

document number L10000043383

3. The delayed effective date the dissolution if not effective on the date of filing: 02/28/2016
(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.

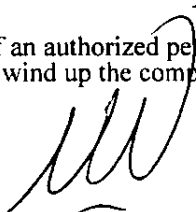
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The Business is closed as of 12/31/15.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Nicolás Otaño Rodríguez

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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

Nicolás Otaño Rodríguez
Printed Name

FILING FEE: \$25.00