

13000118135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

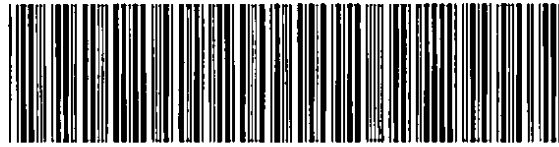
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/09/20--01029--017 **25.00

2020 OCT 19 PM 5:13

CC

OCT 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHEPHERD, BARAY, NEAMER & CO. 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:

JORGE R. SALCEDO

(Name of Person)

SALCEDO ATTORNEYS AT LAW P.A.

(Firm/Company)

200 S BISCAYNE BLVD. SUITE 2700

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE R. SALCEDO

305

375-0640

at (_____) _____

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 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

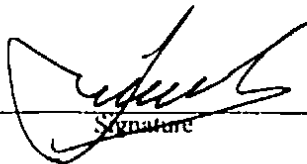
Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION J SEP -0 PM 5:43
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
SHEPHERD, BARAY, NEAMER & CO. LLC
2. The Articles of Organization were filed on August 21, 2013 and assigned
document number L13000118135
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).
Resolutions approving dissolution of the company
were adopted unanimously by the members,
as permitted by the Florida Revised Limited
Liability Company Act.
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

PABLO BARAYBAR
Printed Name

FILING FEE: \$25.00

2020 Sep -9 PM 5:43

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: SHEPHERD, BARAY, NEAMER & CO. LLC

Document number of Limited Liability Company is: L13000118135

Date of dissolution was: August 28, 2020

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

Claims shall be in writing and include:
1. Name and address of claimant;
2. Claim amount;
3. Basis for the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

92 SW 3rd Street,

Apt. 1201

Miami, FL 33130

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.

PABLO BARAYBAR

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