# #100000007338

(Requestor's Name)					
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(Add	dress)				
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(City	//State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nam	e)			
(Doc	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to F	-iling Officer:				
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		. <u>-</u>			



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20140CT 29 AMII: 58
SCORELARY OF STATE

Office Use Only

K.SALY EXMINER OCT 30 2014



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2014

B.O.M.H.P., LLC BARBRA BELLOTTI 4141 S ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169

SUBJECT: B.O.M.H.P., LLC Ref. Number: L00000007338

We have received your document for B.O.M.H.P., LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Letter Number: 914A00020522

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

	BOMHP LLC
UBJECT: _	(Name of Limited Liability Company)
	. Company
he enclosed A	articles of Dissolution and fee(s) are submitted for filing.
Please return al	Il correspondence concerning this matter to the following:
	BARBARA BELLOTTI (Name of Person)
	_
	SUNRISE CONDOMINIUMS
	(Firm/Company)
	(rint/company)
	4141 5. A+lANTIC AVE., #509 (Address)
	4141 5. A+lANTIC AVE., #509 (Address)
	(Fint/Company)
	HIHI S. A+lANTIC AVE., #509  (Address)  New Smyrna Beach, FL32169-  (City/State and Zip Code)
	HIHI S. A+IANTIC AVE., #509  (Address)  New SmyRNA Beach, FL 32169- (City/State and Zip Code)  ormation concerning this matter, please call:
	HIHI 5. A+IANTIC AVE., #509  (Address)  New SmyRNA Beach, FL32169- (City/State and Zip Code)  ormation concerning this matter, please call:
	HIHI S. A+lANTIC AVE., #509  (Address)  New Smyrna Beach, FL32169-  (City/State and Zip Code)
BA	H141 5. A+IANTIC AVE., #509  (Address)  New Smyrna Beach, FL 32169- (City/State and Zip Code)  ormation concerning this matter, please call:  (ABARA BELLOTTI at (386) 426-1595 (Name of Person)  (Area Code & Daytime Telephone Number)
BA	HIHI 5. A+IANTIC AVE., #509  (Address)  New SmyRNA Beach, FL32169- (City/State and Zip Code)  ormation concerning this matter, please call:

### MAILING ADDRESS:

TO:

Registration Section

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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
2014 OCT 29 AM 11:58
ALLAHASST OF STATE

1. The nar	ne of a limited liability	sompany is	LLC		ALL AHASSET
2. The Art	icles of Organization v	vere filed on	06/22/	<b>2<i>000</i></b> an	d assigned
	ent number L 000				
3. The del	ayed effective date the (effective dat	dissolution if n te cannot be prior to	ot effective on t o or more than 90 d	he date of filing: ays later than date docu	ment is received for filing)
4. A desci 605.070	iption of occurrence th 7, Florida Statutes, (co	at resulted in th py 605.0707 on	ne limited liabili back cover lette	ry company's dissol er).	ution pursuant to sect
	SALL of All	proper	vy.		
5. If there	are no members, enter	_			rind up the company's
activitie	es and affairs:		RA BEL		
	_	4141	S. AHIAN	the Ave.,	#509
	-	New .	SmyRNA	Beach,	FL. 32169
6. Signatu	re of an authorized per to wind up the comp	rson or if there a any's activities	are no members, and affairs:	the signature of the	person appointed and
Bari	era Bello	tto _		BARBRA Printed Na	
	Signature			rrintea Na	HE

FILING FEE: \$25.00