# \*L01000013517

(Requestor's Name)		
(Address)		
(Address)		
(1831)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
•		
(Document Number)		
Certified Copies Certificates of Status		
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2015 MAR II PH 3: II

K.SALY EXAMINER MAR 31 2015

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Obriah 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:		
Obrea Savic (Name of Person)  Obriah LLC (Firm/Company)		
Obriah LLC		
(Time company)		
266 + Reservation Rd. #211		
266 + Reservation Rd. #211  (Address)  Marina, CA 93933  (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Obren Sav: c at (408) 219 0423 (Name of Person) (Area Code & Daytime Telephone Number)		
(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. STREET/COUDING ADDRESS		

#### 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

### EFFECTIVE DATE

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
2015 MAR II PM 3: 15

1. The name of a limited liability company is	34 PM 3
Obriah LLC	TALL AUTARY OF BY
2. The Articles of Organization were filed on AUC	
document number <u>L 01 000013517</u>	. <del></del>
3. The delayed effective date the dissolution if not effective date cannot be prior to or mo	ective on the date of filing: April 30/2015 ore than 90 days later than date document is received for filing)
	ted liability company's dissolution pursuant to section cover letter).
Owner has left St	tate of florida
5. If there are no members, enter the name and address	s of the person appointed to wind up the company's
activities and affairs: Object	Savic
2//	4011
	# <u>'211</u>
Reserv	ation Rd
Malino	L, CA 93933
6. Signature of an authorized person or if there are no listed above to wind up the company's activities and a	members, the signature of the person appointed and ffairs:
abren Envie	Obren Sauic
Signature	Printed Name

FILING FEE: \$25.00