L04000061454

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
	Office Use Or	ıly



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DEC 3 1 2015

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COVER LETTER

TO:	Registration Section	
	Division of Corporations	

SUBJECT:	PAMRO, 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:

ROSENBERG, Pamela PAMRO, LLC 1236 HILLSBORO MILE, APT. 501 HILLSBORD BEACH, FL 33062 (City/State and Zip Code)

For further information concerning this matter, please call:

ROSENBERG Pamela at (203) 671-5325 (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/COURIER ADDRESS:

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

	ARTICLES OF DISSOLUTION
	FOR
A	LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

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PAMRO, LLC
2. The Articles of Organization were filed on $\frac{08/16/2004}{16/2004}$ and assigned
document numberLOA-000061454-

- 3. The delayed effective date the dissolution if not effective on the date of filing: <u>March</u> 15, 2016 (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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).

5 or C 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: DSENBE Signature Printed Name **FILING FEE: \$25.00**