

L04000072359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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04/28/14--01039--008 **25.00

B. BOSTICK

JUN 17 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEMATA 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:

GABRIELA HUNDORFEAN
(Name of Person)

STEMATA LLC
(Firm/Company)

245 E 93 ST # 28 A
(Address)

NEW YORK, NY 10128
(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIELA HUNDORFEAN 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SEP 11 10 09 12

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

1. The name of a limited liability company is

STEMATA LLC

2. The Articles of Organization were filed on 10/05/2004 and assigned

document number L 040000 72359

3. The delayed effective date the dissolution if not effective on the date of filing: june 25, 2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

No business available

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

GABRIELA HUNDBORFEAN

245 E 93 ST A28A

NEW YORK, NY 10128

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:

Gabriela Hund
Signature

GABRIELA HUNDBORFEAN
Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2014

GABRIELA HUNDORFEAN
245 E 93 STREET #28A
NEW YORK, NY 10128

SUBJECT: STEMATA, LLC
Ref. Number: L04000072359

We have received your document for STEMATA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 514A00009504

2014 MAY 15 10:15 AM
FBI