# 10500009999

-	(Requestor's Name)				
	(Address)				
(Address)					
-	(City/State/Zip/Phone #)				
	PICK-UP WAIT MAIL				
-	(Business Entity Name)				
	(Document Number)				
(	Certified Copies Certificates of Status				
ſ	Special Instructions to Filing Officer:				





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JUL 1 4 2015 Y SULKER

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

AMYR, 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:

Guillermo Pesant, Esq.

(Name of Person)

Guillermo Pesant, P.A.

(Firm/Company)

1313 Ponce de Leon Blvd., Suite 301

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

# **Guillermo Pesant**

\_\_305

445-5351

(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

l.	The name of a limited liabil	lity company is			·	
2.	The Articles of Organization	on were filed on _	February 1, 2005	and assigned		
	document numberL0500	0009999				
3.	(effective Note: If the date inserted in	the dissolution if not effective on the date of filing: e date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be ctive 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).					
	AMYR, LLC has ceased doing	g business and Man	ager sees no need for comp	any to remain open.	_	
					_	
					2015	
				>= 753 == 753 == 753 == 754		
5.	f there are no members, enter the name and address of the person appointed to wind up the company's					
	activities and affairs:	Roberto Russek	, Manager	n (i		
		1390 Brickell A	venue, Ste. 200		<u>2</u>	
		Miami, FL 331	31		_	
6. lis	Signature of an authorized sted above to wind up the co	person or if there mpany's activities	are no members, the signs and affairs:	nature of the person appointed an	– nd	
	10 /6111	/ <b>//</b>	Roberto Russek		_	
	Signature			Printed Name		

FILING FEE: \$25.00

# 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: AMYR, LLC	
Document number of Limited Liability Company is:L0	5000009999
Date of dissolution was:	
Description of information that must be included in a written of	claim:
	201
	2.
Mailing address where claims can be sent: (Claims cannot be s	sent to the Division of Corporations).
Roberto Russek	The state of the s
1390 Brickell Ave., Ste. 200	
Miami, FL 33131	
A claim against the above named limited liability company wi	Il he harred unless a proceeding to enforce the
A claim against the above named limited liability company wi claim is commenced within 4 years after the filing of this notice	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00