

LOS 00007-8528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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16 FEB 29 AM 9:01
ALLAHABAD, FLORIDA

MAR 03 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XOTOPO, 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:

Robert Tholemaier
(Name of Person)

(Firm/Company)

1135 LA SALINA CT
(Address)

Punta Gorda, FL 33950
(City, State and Zip Code)

For further information concerning this matter, please call:

Robert Tholemaier at (941) 565 5583
(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

XOTOPPO, LLC

2. The Articles of Organization were filed on AUGUST 9, 2005 and assigned

document number L05000078528

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

Note: 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).

NO LONGER IN THIS BUSINESS NAME

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

Robert Thelanderian

1135 IN SALINA CT

PLANTA GRANDE, FL 33950

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:



Signature

Robert Thelanderian

Printed Name

FILING FEE: \$25.00

16 FEB 29 AM 9:01
STATE OF FLORIDA

LEED