## L060000 30057

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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#### COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: INE Pr

## The Prime Group, 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:

## Margarita Galiana

(Name of Person)

Lomar Group, LLC

(Firm/Company)

5775 Blue Lagoon Drive, Suite 350

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

## Margarita Galiana

...305

267-9660

(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

Ι.	The name of a limited liability company is The Prime Group, LLC	········· <u>-</u> ···	·
2.	The Articles of Organization were filed on $\frac{3/2}{2}$	1/2006	and assigned
	document number L06000030057		
	The delayed effective date the dissolution if no (effective date cannot be prior to Note: If the date inserted in this block does not me listed as the document's effective date on the Department.	eet the applicable statutory filing rec	cument is received for ming)
١.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on l	e limited liability company's diss back cover letter).	solution pursuant to section
	Fulfillment of business purpose.		
			16.
-	•		Z HON
	If there are no members, enter the name and ad	ldress of the person appointed to	
is	Signature of an authorized person or if there ar	re no members, the signature of t	he person appointed and
1		Margarita Galiana	
,	Signature	Printed ?	Name
	FILI	NG 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: The Prime Group, LLC			
Document number of Limited Liability Company is: L0600030057			_
Date of dissolution was: June 30, 2016			
Description of information that must be included in a written claim:			
Name, address, and contact phone number of claim	imant		
Detailed description of the claim	TALL.	15	
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	FLO	=======================================	
	<del>-</del>	<u>с</u>	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of C	orporations)		
Lomar Group, LLC			
c/o Margarita Galiana	- <del></del>		
5775 Blue Lagoon Drive, Suite 350			
Miami, FL 33126			

Printed Name of the Person Filing

Margarita Galiana

claim is commenced within 4 years after the filing of this notice.

Signature of the Person Filing

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

A claim against the above named limited liability company will be barred unless a proceeding to enforce the