L07000045645

| (Re | questor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| <u>.</u> | | İ |
| | | |

Office Use Only



200295106982

02/06/17--01028--017 **25.00

SECKETARY OF STATE VLLAHASSEE, FLORIDA

D. BRUCE FEB 08 2017

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

LOMA 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:

| ALBERTO A LOPEZ | |
|--|--------------|
| (Name of Person) | • |
| LOMA GROUP LLC | |
| (Firm/Company) | • |
| 15913 S W 74 ST | |
| (Address) | - |
| MIAMI, FL 33193 | |
| (City/State and Zip Code) | 2017 |
| For further information concerning this matter, please call: | |
| ALBERTO A LOPEZ at 305 907 489 | 73 <u>m</u> |
| (Name of Person) (Area Code & Daytime Telephone Num | ber) |
| Enclosed is a check for the following amount: | - |
| ■ \$25.00 Filing Fee and Certificate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution | ı & |

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is | | |
|-----------|---|--|--|
| | LOMA GROUP LLC | | |
| | | | |
| 2. | The Articles of Organization were filed on and assigned | | |
| | document number | | |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: 12/31/2016 (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 505.0707, Florida Statutes, (copy 605.0707 on back cover letter). | | |
| | ALL DEBTS, OBLIGATIONS, AND LIABILITIES OF THE LIMITED COMPANY HAVE BEEN PAID | | |
| 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. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs: Alberto A LOPEZ | | |
| | Signature Printed Name | | |
| | SIZHALUIC FIRICU IVALIE | | |

FILING FEE: \$25.00