# L09000056300

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03/05/15--01011--013 \*\*25.00

SECOLARY OF STATE

MAR 2 4 2015 C. CARROTHERS

### **COVER LETTER**

Division of Corporations
SUBJECT: Howery & POTAMI LLC (Name of Limited Liability Company)
(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:
DAYIO POTAMI (Name of Person)
(Name of Ferson)
(Firm/Company)
·
607 Bronoway Are
(Address)
(Address)  ORLANDO FL 32803  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
DAYID Pornat at (959) 347-2519 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution  S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

TO:

Registration Section

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

## FILED

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

1.	The name of a limited liability company is					
	Howery ?	POTAMI !	LLC		·	
2. The Articles of Organization were filed on MAY 19, 2009 and assigned document number L0900056300						
3.	The delayed effective date the (effective d	e dissolution if not e ate cannot be prior to or a	ffective on the date of fili nore than 90 days later than da	ng: MARCU-15. Z te document is received fo	2015> or filing)	
4.	A description of occurrence t 605.0707, Florida Statutes, (co	hat resulted in the lin	nited liability company's k cover letter).	dissolution pursuant	to section	
	SOLO ALL	Properties	·		<u> </u>	
5.	If there are no members, enter activities and affairs:	r the name and addre	ess of the person appointe	d to wind up the com	pany's	
6. lis	Signature of an authorized peted above to wind up the comp	rson or if there are no any's activities and	o members, the signature affairs:	of the person appoin	ted and	
			Print	POTAMI		
	Signature		Print	ed Name		

**FILING FEE: \$25.00**