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(R	equestor's Name)	
(A	ddress)	
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(C	city/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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04/16/12--01011--006 **25.00

MAY 16 2012

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Melmarno Properties 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:	
Mat Nametria	
Mel Nomkin (Name of Person)	<u> </u>
Melmarno Properties LLC (Firm/Company)	
9607 Taormina Street	
(Address)	
Lake Worth, FL 33467	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
a()	96-1688
(Name of Person) (Area Code & Da	sytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Section Registration Division of Corporations Division of P.O. Box 6327 Clifton Build	Corporations
Tallahassee,	FL 32301



April 17, 2012

MEL NOMKIN 9607 TAORMINA STREET LAKE WORTH, FL 33467

SUBJECT: MELMARNO PROPERTIES LLC

Ref. Number: L09000108977

We have received your document for MELMARNO PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date the dissolution was approved has to be before it is received in our office. That date was 04/16/12.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 612A00012006

ARTICLES OF DISSOLUTION FILED FOR A LIMITED LIABILITY COMPANY 12 MAY 16 PM 4: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

and assigned document number dissolution pursuant to section
dissolution pursuant to section
dissolution pursuant to section
y have been paid or discharged. abilities pursuant to s. 608.4421.
s in accordance with their respective
ment, order or decree which may be
necessary to approve the dissolution:
Printed Name
mkin
1

FILING FEE: \$25.00