

# L10000084083

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.  
Account Number : I200000000083  
Phone : (305) 932-6242  
Fax Number : (305) 933-9343

**LLC DISSOLUTION OR WITHDRAWAL**  
**MATIMI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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15 SEP 10 AM 6:43

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

15 SEP 10 AM 7:21

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **MATIMI 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:

**Daniel J. Serber**

(Name of Person)

**Serber & Associates, P.A.**

(Firm/Company)

**2875 NE 191st street, Suite 801**

(Address)

**Aventura, FL 33180**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Yolanda L. Fornaris**

(Name of Person)

at **305 9326262**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$35.00 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**

**FILED**

15 SEP 10 AM 7:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**Matimi LLC**

2. The Articles of Organization were filed on 08/10/2010 and assigned document number  
L10000084083

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).

**All the members have consented in writing to the dissolution of the limited liability company as they are no longer conducting Business with the company**

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. 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



Printed Name

**Nurit Edelman - Manager**