# L10000096859

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |

Special Instructions to Filing Officer:

A. LUNT

SEP 28 2010

**EXAMINER** 

Office Use Only



100185846221

09/27/10--01031--023 \*\*30.00

ZUIO SEP 27 PM JE 30
ALLAHASSEE FISIALE

# **COVER LETTER**

| Divisio                             | on of Corporations  |   |  |  |
|-------------------------------------|---|---|--|--|
| SUBJECT: MOMEAME, LLC               |   |   |  |  |
| (Name of Limited Liability Company) |   |   |  |  |
|                                     |   |   |  |  |
| The enclosed A                      | 2010 SEP 27<br>SECRETAR<br>TALLAHASS  |   |  |  |
| Please return all                   | P 27  |   |  |  |
|                                     | <b>PR</b>   |   |  |  |
|                                     | (Name of Person)  | PM IB 31  |  |  |
| (Firm/Company)                      |   |   |  |  |
| 941 Algaringo Ave                   |   |   |  |  |
| (Address)                           |   |   |  |  |
| Coral Gable, FL 33134               |   |   |  |  |
| (City/State and Zip Code)           |   |   |  |  |
| For further info                    | rmation concerning this matter, please call:  | •   |  |  |
| Diar                                |   |   |  |  |
|                                     | (Name of Person) (Area Code & Daytime Telephone N   | umber)  |  |  |
| Enclosed is a che                   | ck for the following amount:  |   |  |  |
| \$25.00 Filing F                    | Certificate of Status Certified Copy Certificate (additional copy is enclosed) . Certified Copy | Filing Fee,<br>of Status &<br>Copy<br>I 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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is  |   |
|--|---|
| MOMEAME, LLC   | ରମ୍ଭ ଓ  |
| 2. The Articles of Organization were filed on 9/16/10 L10000096859   | and assigned document numbe                               |
| 3. The date the dissolution was approved: $9/2$  | 3/10  |
| 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove Company did not launch |   |
| Company did not launtin  |   |
|  |   |
|  | ,   |
| 5. CHECK ONE:  |   |
| All debts, obligations and liabilities of the lim  | nited liability company have been paid or discharged.     |
| Adequate provision has been made for the del   | bts, obligations and liabilities pursuant to s. 608.4421. |
| <ol> <li>All remaining property and assets have been distribute<br/>rights and interests.</li> </ol>                                     | ed among its members in accordance with their respective  |
| 7. CHECK ONE:  |   |
| There are no suits pending against the compar  | ny in any court.  |
| Adequate provision has been made for the sat entered against it in any pending suit.   | isfaction of any judgment, order or decree which may be   |
| ignatures of the members having the same percentage of m   | nembership interests necessary to approve the dissolution |
| Signature S  | Printed Name  |
| Jan Seullaun   | Diana Sevillano   |
|  |   |
| <del></del>  |   |
|  | ·   |
|  |   |
|  |   |