

L10000117341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

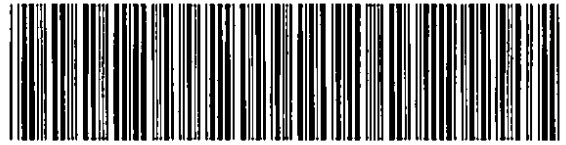
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
SEP 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR RAINBOW, 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:

MARK KAHN, ESQ.

(Name of Person)

PRIVATE ADVISING GROUP, P.A.

(Firm/Company)

600 BRICKELL AVENUE, SUITE 1725

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK KAHN, ESQ.

(Name of Person)

at (786) 292-1599
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

STAR RAINBOW, LLC

2. The Articles of Organization were filed on NOVEMBER 10, 2010 and assigned

document number L10000117341

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)

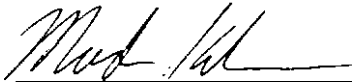
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Consent of Members

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

MARK KAHN, ESQ.

Printed Name

FILING FEE: \$25.00

2010 AUG 31 PM 01:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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