

4/29/2016

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**LLC DISSOLUTION OR WITHDRAWAL  
ARROB LLC**

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

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TALLAHASSEE, FLORIDA

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MAY 02 2016

**S. YOUNG**

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MAY 02 2016  
**S. YOUNG**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARROB 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:

DEBORAH E. KALSTEK, PARALEGAL

(Name of Person)

HODGSON RUSS LLP

(Firm/Company)

140 PEARL ST., STE. 100

(Address)

BUFFALO, NY 14202

(City/State and Zip Code)

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For further information concerning this matter, please call:

DEBORAH KALSTEK at ( 716 ) 848-1371

(Name of Person)

(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
ARROB LLC

2. The Articles of Organization were filed on March 28, 2011 and assigned  
document number L11000037073

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 all the 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:

Beth Terrana

Signature

Beth Terrana

Printed Name

FILING FEE: \$25.00

16 APR 29 AM 11:00

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