

L11000066019

(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:

Office Use Only



300291935513

11/14/16--01005--023 **25.00

FILED
2016 NOV 14 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RHOMB2106, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARKADIY PERVYY-BAKHTIN

Name of Person

Firm/Company

100 SOUTH POINTE DRIVE, SUITE 2106

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: RHOMB2106, LLC

SECOND: The Florida Document number of the limited liability company is: L11000066019

THIRD: The date of filing of the initial articles of organization is: June 6, 2011

FOURTH: The date of filing of the dissolution is: July 20, 2016

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

ARKADIY PERVYY-BAKHTIN

Typed or printed name of signature

FILED
2016 NOV 14 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)