

**L12000005472**

\_\_\_\_\_  
(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



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02/05/14--01016--011 \*\*25.00

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2014 FEB -6 PM 6:27  
BOSTON

B. BOSTICK

FEB - 6 2014

EX-11NER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Oompa Loompa Group 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:

Pablo Gomez

(Name of Person)

Oompa Loompa Group

(Firm/Company)

1025 E 29 St

(Address)

HALETH, FL 33013

(City, State and Zip Code)

For further information concerning this matter, please call:

Pablo Gomez

(Name of Person)

at ( 305 ) 336 1887

(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

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

1. The name of a limited liability company is

Oompa Loompa Group

2. The Articles of Organization were filed on 1/11/12 and assigned,  
document number L120000005472

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

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).

Business ran out of cash flow and failed to develop  
new client base for niche market. Market stopped  
buying.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Pablo Gomez  
1025 E 29th  
HALETT, FL 33013

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

Pablo Gomez

**FILING FEE: \$25.00**

**FILED**  
**2014 FEB -5 P 6:27**  
**CLERK OF CIRCUIT COURT**