## L12000005472

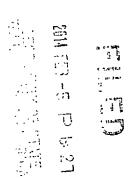
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900256386869

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



3. BOSTICK

FEB - 6 2014

EDG INER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Oompa Loompa Evap 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 Lanut		
(Name of Person)		
Compa LOOMPA CAROUP.  (Firm:Company)		
1075 E 29 St		
(Address)		
HALFAH, FL. 33013 (City-State and Zip Code)		
(City State and Zip Code)		ಲಾಗ್ರಹಕ್ಕ ೧೯೮೮
For further information concerning this matter, please call:		्र है हुए , इस्पी मूट हक्कक्ष
Jablo Gomes at 305, 336 1867	1	e and a
(Name of Person) (Area Code & Daytime Telephone Numb		<i>'خوبين</i> '
Enclosed is a check for the following amount:	第 3	
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee. Certificate of Di	ssolution &	

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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  Omya Compa Cyron
2. The Articles of Organization were filed on
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).  PUSINGS YAN OUTO (USH HOW) AND FAILED TO OBELLE HOPE OF THE OBSET OF THE
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  1025 E 2951  HALLAH J FL 33013
5. 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 Gome
FILING FEE: \$25.00