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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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B. BOSTICK

APR 11 2014

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: OSHUM, LLC (Name of Limited Liability C | Company) | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following | ; | |
| Bernardo Riu (Name of Person) Kuiros Multise (Firm/Company) | | |
| 2514 Holly wood (Address) | Blud. #305 | |
| Hollywood, FL 3 | 33020 le) | |
| For further information concerning this matter, please call: | | |
| Berhando Rivera at (9) (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 | | |
|----------|--|--|--|
| | OShum, LLC | | |
| 2. | The Articles of Organization were filed on 07/11/2012 and assigned document number 12000 89917 | | |
| 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 closed. | | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Kaings Maltiganis Kaings Maltiganis Ma | | |
| | Remardo Rivera P.O. BOX 772655 | | |
| | cord springs, FL 33097 | | |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: | | |
| | Signature Printed Name | | |
| | Bernardo Rivera | | |
| | FILING FEE: \$25.00 | | |