

L12000120174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

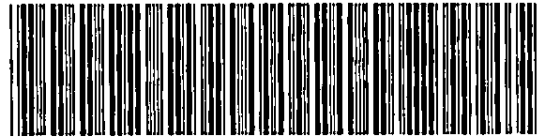
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/20/17--01018--005 **25.00

FILED
AUG 20 PM 3:26
17

D. SCOTT

AUG 29 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2017

RICARDO G GARBERO
18101 COLLINS AVE #803
SUNNY ISLES BEACH, FL 33160

SUBJECT: POMELIN, LLC
Ref. Number: L12000120174

We have received your document for POMELIN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 017A00015030

RECEIVED
2017 AUG 28 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POMELIN, 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:

RICARDO G. GARBERO

(Name of Person)

POMELIN, LLC

(Firm/Company)

18101 COLLINS AVENUE #803

(Address)

SUNNY ISLES BEACH, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

RICARGO G. GARBERO at 305 868-3363
(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

POMELIN, LLC

2. The Articles of Organization were filed on 09/20/2012 and assigned

document number L12000120174

3. The delayed effective date the dissolution if not effective on the date of filing: 08/01/2017
(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).

THE MEMBERS OF POMELIN, LLC HAVE UNANIMOUSLY CONSENTED TO THE DISSOLUTION OF

THE LIMITED LIABILITY COMPANY WITH AN EFFECTIVE DATE OF AUGUST 1ST, 2017.

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:

Signature

RICARGO G. GARBERO

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: POMELIN, LLC

Document number of Limited Liability Company is: L12000120174

Date of dissolution was: 08/01/2017

Description of information that must be included in a written claim:

1. All claims against the assets of the Limited Liability Company must be made in writing and include the claim amount, basis and origination date.
2. The deadline for submitting claims is September 30th, 2017.
3. Any claims that are not received by the Limited Liability Company prior to the date set forth will not be recognized.
4. All claims and payments must be sent to 18101 Collins Avenue, #803, Sunny Isles Beach, FL 33160.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

POMELIN, LLC

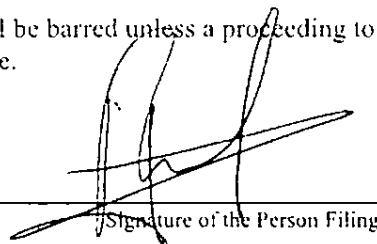
18101 COLLINS AVENUE, SUITE 803

SUNNY ISLES BEACH, FL 33160

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

RICARDO G. GARBERO

Printed Name of the Person Filing


Signature of the Person Filing