

L12000125276

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECONDARY OF STATE
TALLAHASSEE, FLORIDA
05/8/30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sublime Synergy 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:

Mark Chaves

(Name of Person)

Marcum LLP

(Firm/Company)

1 SE 3rd Avenue, Suite 1100

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Chaves

(Name of Person)

at 305 995-9700

(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

Sublime Synergy LLC

2. The Articles of Organization were filed on 10/10/2012 and assigned

document number L12000125276

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

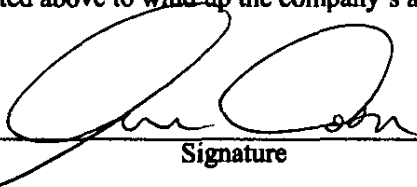
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Cease of business operations

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

Lea Vainer
Printed Name

FILING FEE: \$25.00

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16 AUG 29 AM 9:20
CLERK OF STATE
TALLAHASSEE, FLORIDA