

L13000024676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

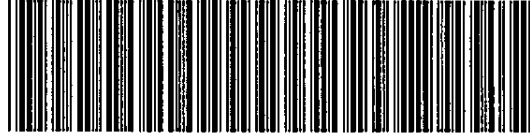
(Document Number)

Certified Copies _____

Certificates of Status ☒

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Office Use Only



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03/13/15--01000--015 **25.00

FILED
15 MAR 13 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 3 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dedomi 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:

MAURO A DOMINE

(Name of Person)

DEDOMI LLC

(Firm/Company)

21085 NE 34 AVENUE UNIT 301

(Address)

AVENTURA FLORIDA 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTA E JACOFISKY

(Name of Person)

305

at (

300-1743

(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**

FILED
15 MAR 13 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
DEDOMI LLC

2. The Articles of Organization were filed on 02/18/2013 and assigned
document number 113000024676

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)

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).

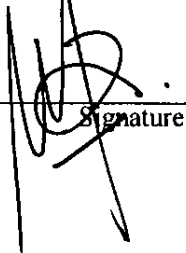
THE LLC MEMBERS DECIDED TO DISSOLVE THE PARTNERSHIP BECAUSE

THE MOTIVE TO CREATE IT HAS ENDED

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

345 NE 194 LANE MIAMI FLORIDA 33179

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

MARTA E JACOFISKY

Printed Name

FILING FEE: \$25.00