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(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate:	s of Status
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2013 JUN 26 PH 4: 02 SECRETARY OF STATE

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1FS ONS OLORUN, LIC

(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 Gaspar Tamayo

(Name of Person)

IFS OMA OLORUM LLC.

(Firm/Company)

3900 west 10 ct.

(Address)

Italian IL. 33012.

(City/State and Zip Code)

For further information concerning this matter, please call:

Pablo Gaspar Tamayo

at (786) 359-963/07

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fce

p \$30.00 Filing Fee & Certificate of Status
 p \$55.00 Filing Fee &
 Certified Copy
 (additional copy is enclosed)

ρ \$60.00 Filing Fee,
 Certificate of Status &
 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	
IFA OND OLORUM,	LLC.
2. The Articles of Organization were filed on	and assigned document number
1 130000 38790	7
3. The date the dissolution was approved:	1/4/2013
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ted liability company's dissolution pursuant to section over letter).
Composing Cho	old. To p
	7.53
	02
5. CHECK ONE:	
	imited liability company have been paid or discharged.
-OR-	debts, obligations and liabilities pursuant to s. 608.4421.
	•
rights and interests.	uted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp	pany in any court.
-OR- Adequate provision has been made for the s entered against it in any pending suit.	satisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
	Oll Cale
Tanayo-	Publo GASPER TANKY
· · · · · · · · · · · · · · · · · · ·	
·	



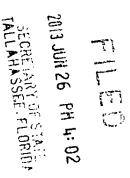
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2013

PABLO GASPER TAMAPO 1FA OMA OLORUN LLC 3900 WEST 10 COURT HIALEAH, FL 33012

SUBJECT: IFA OMA OLORUN, LLC

Ref. Number: L13000038790



We have received your document for IFA OMA OLORUN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 313A00015000

Barbara Bostick Regulatory Specialist II

www.sunbiz.org