

L17000083967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

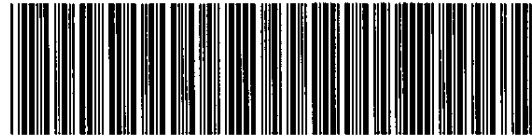
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
14 AUG 11 AM 10:02  
SOUTHERN DISTRICT OF CALIF  
FBI - LOS ANGELES

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ORLANDO SPORTS NUTRITION & SWIMWEAR 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:

ROBERT PIAMBINO

(Name of Person)

(Firm/Company)

2105 NELA AVE

(Address)

BELLE ISLE, FL 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT PIAMBINO

(Name of Person)

at ( 321 ) 246-0479

(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

ORLANDO SPORTS NUTRITION & SWIMWEAR LLC

2. The Articles of Organization were filed on JUNE 11, 2013 and assigned

document number L13000083967

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).

BUSINESS WAS ~~REMOVED~~ 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: \_\_\_\_\_

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

ROBERT M. PIAMBINO

Printed Name

**FILING FEE: \$25.00**

16 AUG 1 AM 10:52  
SECRETARY OF STATE  
FLORIDA

NOTED