

L13000093323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

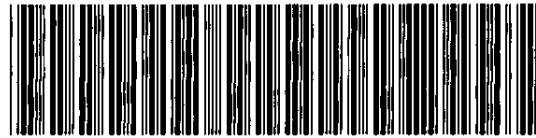
(Business Entity Name)

(Document Number)

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

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16 DEC 27 AM 8:45

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TREASURY OF STATE  
RECORDS SECTION

16 DEC 27 AM 10:52

RECEIVED  
DEPARTMENT OF REVENUE

DEC 28 2016  
J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 430581 4311863

AUTHORIZATION

COST LIMIT

*Lyndee Coleman*  
\$ 25.00

ORDER DATE : December 20, 2016

ORDER TIME : 9:45 AM

ORDER NO. : 430581-055

CUSTOMER NO: 4311863

DOMESTIC FILINGS

NAME: SIMITAR, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Simitar, 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:

Ivy M. Shapiro, Paralegal

(Name of Person)

Blank Rome LLP

(Firm/Company)

One Logan Square

(Address)

Philadelphia, PA 19103

(City/State and Zip Code)

For further information concerning this matter, please call:

Ivy M. Shapiro

(Name of Person)

at ( 215 ) 569-5784

(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:**

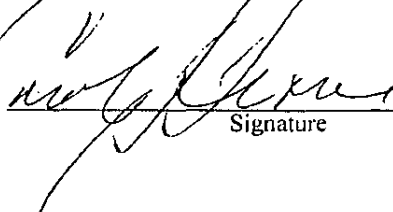
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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  
Simitar, LLC
2. The Articles of Organization were filed on 06/28/2013 and assigned  
document number L13000093323
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).  
Consent of the Members after liquidation of the company  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Not Applicable  
\_\_\_\_\_  
\_\_\_\_\_
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

Carolyn J. Sloane, Member

Printed Name

**FILING FEE: \$25.00**

16 DEC 27 AM 8:45

FILED  
SECRETARY OF STATE  
CORPORATION

## 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: Simitar, LLC

Document number of Limited Liability Company is: L13000093323

Date of dissolution was: 11/28/2016

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

Date and type of service or reason for claim;

Amount of claim and name of claimant.

A claim against the company is barred unless an action to enforce the claim is commenced within 4 years after the filing of this notice.

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

P.O. Box 3149

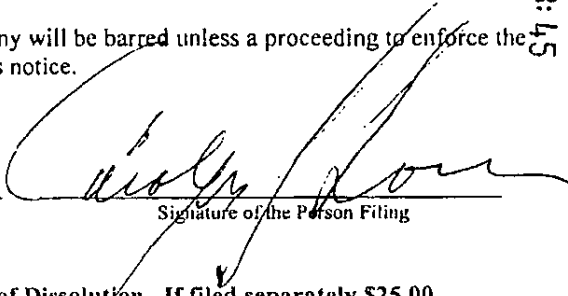
Palm Beach, FL 33480

Attn: Carolyn J. Sloane

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.

Carolyn J. Sloane, Member

Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

16 DEC 27 AM 8:45

FILED  
CLERK OF STATE  
CORPORATION