

#L13000099917

(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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05/08/14--01010--007 **25.00

FILED

2014 JUL 14 PM 3:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 15 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2014

CARLOS COBIAN
RE: COBIAN ROIG GROUP LLC
1011 1/2 E. 15TH AVE.
TAMPA, FL 33605

SUBJECT: COBIAN ROIG GROUP LLC
Ref. Number: L13000099917

We have received your document for COBIAN ROIG GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 514A00010525

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Cobian Roig 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:

Carlos Cobian
(Name of Person)

(Firm/Company)

1011 1/2 E. 15th Ave
(Address)
Tampa FL 33605
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Cobian at (813) 453-6577
(Name of Person) (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

2014 JUL 14 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Cobian Rois LLC

2. The Articles of Organization were filed on 7/15/2013 and assigned

document number

L13000099917

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)

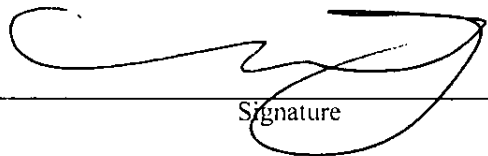
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

no longer offer the
services set by LLC.
Now work in a private
Entity.

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

Carlos Cobian
1011 1/2 E. 15th Ave
Tampa FL 33605

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

Carlos Cobian
Printed Name

FILING FEE: \$25.00