

L13000114634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600320765356

11/16/18--01009--029 **25.00

FILED

2018 NOV 16 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U/S
11-30-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XOPOLO
(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:

CECELIA COCHRAN
(Name of Person)

(Firm/Company)

441 N. LAKE WAY
(Address)

PAUM BUCH FL 33780
(City/State and Zip Code)

For further information concerning this matter, please call:

CECELYA COCHRAN at (808) 357 0939
(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

11/12/18
Cecelia Cochran
441 N. Lake Way
Palm Beach, Fl 33480
(808) 357-0737

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, Fl, 32314

To who it may concern,

I would like to file an article of dissolution for XOPOLLO LLC. I set it up in 8/13 and never used it. I never created a company therefore I have no annual reports, no income or and business minutes.

My current address is:
224 Bloomfield Dr
West Palm Beach, Fl 33405
(808)357-0737

Thank you

Cecelia Cochran

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

NO POLO

2. The Articles of Organization were filed on total 8/14/2013 and assigned

document number 46-3421098

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).

I NEVER CREATED THE BUSINESS

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

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

CELIA COCHRAN
Printed Name

FILING FEE: \$25.00

2018 NOV 16 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED