*L13000115411

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

- - Marine Control of The Property of the Control o



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DEC 31 5014 EXAMPLES

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COVER LETTER

Divis	ion of Corporations					
SUBJECT: _	nchman Management LLC					
_	(Name of Limit	ed Liability Compa	ny)			
	Articles of Dissolution and fee(s) are submit	_				
	Mory Amaro					
	(Name of Person)					
	(Firm/Company)					
	4130 SW 152 Place					
	(Address)					
	Miami, FL 33185					
	(City/Sta	te and Zip Code)				
For further info	ormation concerning this matter, please call:					
Mor	y Amaro	646	599-6753			
	(Name of Person)	(Area Co	ode & Daytime Telephone Number)			
Enclosed is a ch	eck for the following amount:					
✓ S25.00 Filing Fee and Certificate of Dissolution		S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	MAILING ADDRESS:	STR	EET/COURIER ADDRESS:			

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2014 DEC 19 PM 1:23 SLUSETARY OF STATE ALLAHASSEE, FLORIDA

1. The name of a limited	liability company is		בטויטבנ ן			
Inchman Managem	nent LLC		SEUNETAR FALLAHASS			
2. The Articles of Organi		ugust 15, 2013	and assigned			
document number L13	3000113411					
3. The delayed effective c	date the dissolution if no ective date cannot be prior to	the dissolution if not effective on the date of filing:				
 A description of occurs 605.0707, Florida Statu 	rence that resulted in the tes, (copy 605.0707 on	e limited liability compar back cover letter).	ny's dissolution pursuant to section			
The limited liability	company ceased al	I activity.				
5. If there are no member	s, enter the name and ac	ldress of the person appo	inted to wind up the company's			
activities and affairs:	Mory Amaro	Mory Amaro				
	****		_			
	4100 014 150	Disease				
	4130 SW 152	Place				
	Miami, FL 33	185				
6. Signature of an authori listed above to wind up th	zed person or if there as e company's activities a	re no members, the signa and affairs:	ture of the person appointed and			
Alana e						
Simole		Mory Amaro	minta d Ninna			
Signatu	ire	Printed Name				

FILING FEE: \$25.00