

L14000000217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

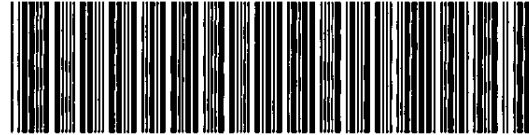
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P. 25 -

Office Use Only



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09/09/14--01005--018 **25.00

FILED
14 SEP -9 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oh'riento 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:

Trungkien Ho

(Name of Person)

Oh'riento LLC

(Firm/Company)

9349 Shepton St.

(Address)

Orlando, FL 32825

(City/State and Zip Code)

For further information concerning this matter, please call:

Trungkien Ho

(Name of Person)

321

at (

609-1753

) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

if \$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

Oh'riento LLC

2. The Articles of Organization were filed on Jan 2, 2014 and assigned

document number L 14000000217

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 documents 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).

Investors pulled out - lack capital -
operation never started

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

Trungkien Ho
9349 Shepton St.
Orlando FL 32825

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

Trungkien Ho.
Printed Name

FILING FEE: \$25.00

14 SEP -9 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Oh'rento LLC

Document number of Limited Liability Company is: L 14 000 000 217

Date of dissolution was: _____


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

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

9349 Shopton St.
Orlando FL 32825

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.

Trungkian Ho
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

14 SEP - 9 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED