

L14000024618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

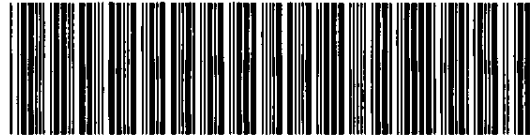
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JUN 19 2014

A. LUNT

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2014 JUN 16 PM 3:41  
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TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OBVALLO 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:

DAN LOSE

(Name of Person)

(Firm/Company)

1093 A1A BEACH BLVD # 381

(Address)

ST AUGUSTINE, FL 32080

(City/State and Zip Code)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JUDD FUTERMAN

(Name of Person)

at ( 201 ) 385-4113

(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

OBVALLO LLC

2. The Articles of Organization were filed on FEB 11, 2014 and assigned

document number L14000024618

3. The delayed effective date the dissolution if not effective on the date of filing: MAY 23, 2014  
(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).

OUT OF 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:

DAN LOSE

1093 A1A BEACH BLVD # 381

ST AUGUSTINE, FL 32080

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:

Dan Lose  
Signature

DAN LOSE

Printed Name

**FILING FEE: \$25.00**

2014 JUN 16 PM 3:41  
CLERK OF COURT  
JANET L. BROWN  
CLERK OF COURT

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: OBVALLO LLC

Document number of Limited Liability Company is: L14000024618

Date of dissolution was: MAY 23, 2014

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

OUT OF BUSINESS

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

DAN LOSE

1093 A1A BEACH BLVD # 381

ST AUGUSTINE, FL 32080

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.

DAN LOSE

Printed Name of the Person Filing

Dan Lose

Signature of the Person Filing

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