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COVER LETTER

Division of Corporations
SUBJECT: TARMOO 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:
rease tettiri air correspondence concerning this matter to the forowing.
Robert M. Leanes (Name of Person)
(Name of Feison)
,
(Firm/Company)
215 Cypress Way E, Apt AQ
Naples FL 34/16 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Robert Leanes at (727), 4803680 (Name of Person) (Area Code & Daytime Telephone Number)
(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:

TO:

Registration Section

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 TARMOO LLC
2.	The Articles of Organization were filed on February 9, 2015 and assigned
	document number <u>L15000024084</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 10/02/19 (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). Robert M. Leanes
	As Managing and sole Member of Tarmodella I am no longer conducting business under this LLC. All activity has ceased
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	Robert M Leaves 215 Cypress Way E. Apt A2 Naclos F1 34110
6. list	Signature of an authorized person or if there are no members, the signature of the person appointed and sed above to wind up the company's activities and affairs:
k	Signature Robert M. Lean & &
	FILING FEE: \$25.00