

# L15000054537

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

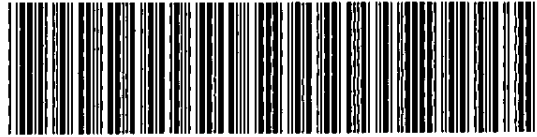
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 APR 12 PM 2:01

FILED

K. SALY

APR 13 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** I & M HOLDING GROUP 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:

IRMA OSPINA

(Name of Person)

(Firm/Company)

12701 S JOHN YOUNG PKWY STE 104

(Address)

ORLANDO, FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

IRMA OSPINA

(Name of Person)

at 407 797-7419

(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**

**FILED**  
2017 APR 12 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

I & M HOLDING GROUP LLC

2. The Articles of Organization were filed on 03/26/2015 and assigned

document number L15000054537

3. The delayed effective date the dissolution if not effective on the date of filing: 4/15/2017

(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).

Voluntary dissolution agreed by partners because management have been difficult as one of them lives out of the

country and the other partner has other business to take care of, so the Company is not moving forward defaulting

in losses.

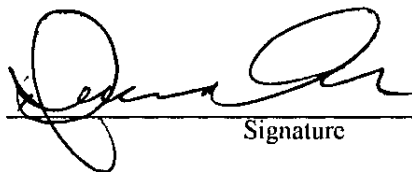
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: IRMA OSPINA

12701 S JOHN YOUNG PKWY

ORLANDO, FL 32837

Phone # 407-797-7419

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

x IRMA OSPINA  
Printed Name

**FILING FEE: \$25.00**