L15000161839

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

Office Use Only



600287674106

07/08/16--01007--004 **25.00

EFFECTIVE DATE

SECRETARY OF STATE TALLAHASSEE, TLORIDA

S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

STONE BY BELMAN 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:

JHON RODRIGUEZ

(Name of Person)

JIREH MULTISERVICES LLC

(Firm/Company)

3095 S MILITARY TRAIL STE 4

(Address)

LAKE WORTH FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

JHON RODRIGUEZ

_561

574 9110

(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:

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

16 JUL -8 MM 11: 39

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	STONE BY BELMAN LLC	lity company is		•
2.	The Articles of Organization	on were filed on 09/23/2014		_ and assigned
	document number L150001	61839		
3.	Note: If the date inserted in	the dissolution if not effective e date cannot be prior to or more than this block does not meet the appl ctive date on the Department of S	icable statutory filing i	3: 07/08/2016 document is received for filing) requirements, this date will not be
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).			
	NO BUSINESS	(F)	, -	<u></u>
				-8 AH II: 39
5.	If there are no members, er	iter the name and address of the	e person appointed	
	uni	6085 16TH WAY S LOT 122	2	
		WEST PALM BEACH FL 33	415	
6. lis	Signature of an authorized ted above to wind up the co	person or if there are no meml mpany's activities and affairs:	pers, the signature of	the person appointed and
_=	Janka		Jaster K.	
_	Signature		Printed	Name

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: SIONE BY BEL	MAN LLC		
Document number of Limited Liability Company is: L150001	61839		
Date of dissolution was: 07/08/2016	16 JUL -8		
Description of information that must be included in a written claim:			
ANY AND ALL	# =		
	9		
	1000		
Mailing address where claims can be sent: (Claims cannot be sent to the	ne Division of Corporations)		
6085 16TH WAY S LOT 1222			
WEST PALM BEACH FL 3341	5		
A claim against the above named limited liability company will be bar claim is commenced within 4 years after the filing of this notice.	red unless a proceeding to enforce the		
Javier Belman	andre		
Printed Name of the Person Filing	Signature of the Person Filing		

Fee: No charge if included with Articles of Dissolution. If filed separately