

**L15000199074**

\_\_\_\_\_  
(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:

Office Use Only



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FILED  
16 DEC -1 AM 11:09

DEC 02 2016  
**J. HARRIS**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIANA CLYMAN ARNP, 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:

DIANA CLYMAN  
(Name of Person)

DIANA CLYMAN ARNP, LLC  
(Firm/Company)

3550 STRATTON LANE  
(Address)

BOYNTON BEACH, FL 33436  
(City/State and Zip Code)

For further information concerning this matter, please call:

DIANA CLYMAN at 786 514-2184  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2016

DIANA CLYMAN  
3550 STRATTON LANE  
BOYNTON BEACH, FL 33436

SUBJECT: DIANA CLYMAN ARNP, LLC.  
Ref. Number: L15000188074

RECEIVED  
2016 DEC -1 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for DIANA CLYMAN ARNP, LLC. and our check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 816A00024621

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OFFICE OF STATE  
CLERK  
16 DEC -1 AM 11:09

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

DIANA CLYMAN ARNP, LLC.

2. The Articles of Organization were filed on 10/29/2015 and assigned

document number L15000188074

3. The delayed effective date the dissolution if not effective on the date of filing: 11/7/2016  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

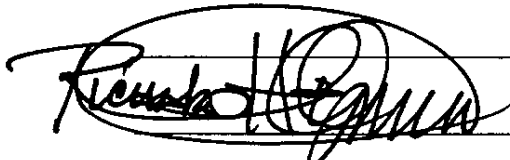
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

UNSUCCESSFUL ATTEMPT TO START-UP. UNABLE  
TO FINANCE/FUND THE STARTUP.

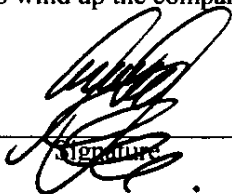
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

RICHARD H. CLYMAN - AMBR  
2201 BRICKELL AVE, #31  
MIAMI, FL 33129



RICHARD H. CLYMAN

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:



Diana Clyman

Printed Name

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
16 DEC -1 AM 11:09  
4/7/2016