

L160000062692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

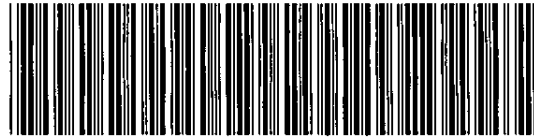
(Document Number)

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Certificates of Status \_\_\_\_\_

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2017 FEB 15 P 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2017 FEB 15  
SUPERVISOR OF FILING

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S Warren

FEB 15 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DELIMA ENTERPRISES, 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:

SILAS DELIMA

(Name of Person)

(Firm/Company)

405 W COLLEGE AVE #103

(Address)

TALLAHASSEE / FLORIDA, 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

SILAS DELIMA

(Name of Person)

at ( 850 ) 692-4478

(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

DELIMA ENTERPRISES, LLC

2. The Articles of Organization were filed on 03/28/2016 and assigned  
document number L16000062692.

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2016  
(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).

LOST ASSETS SINCE COMPANY WAS OPEN.

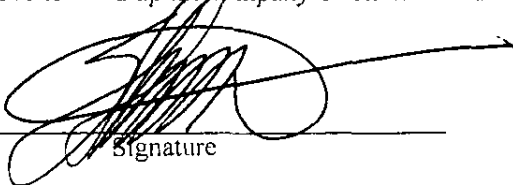
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

SILVIA DE LIMA

~~900~~ 900 RIGGINS RD #p 538

JALAHASSEE, FL 32308

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

SILVIA DE LIMA  
Printed Name

FILING FEE: \$25.00

FILED  
20160315 P 1:39  
SECRETARY OF STATE  
JALAHASSEE, FLORIDA