

L16000 132278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

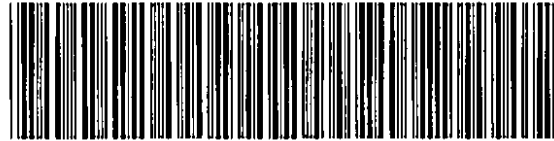
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600322193176

12/27/18--01028--028 **25.00

FILED
2018 DEC 27 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FL

NO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBIRD, 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:

ROBERT TSATURIAN

(Name of Person)

ROBIRD, LLC

(Firm/Company)

3363 NE 163 STREET, 709

(Address)

NORTH MIAMI BEACH, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT TSATURIAN

(Name of Person)

at (

305

(Area Code & Daytime Telephone Number)

395-1075

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

2018 DEC 27 AM 11:59

**SECRETARY OF STATE
TALLAHASSEE, FL**

1. The name of a limited liability company is

ROBIRD, LLC

2. The Articles of Organization were filed on 07/13/2016 and assigned

document number L16000132278

3. The delayed effective date the dissolution if not effective on the date of filing: 12/15/2018

(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).

PROJECT IS NOT PROFITABLE

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

ROBERT TSATURIAN

3363 NE 163 STREET, 709

NORTH MIAMI BEACH, FL, 33160

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

ROBERT TSATURIAN

Printed Name

FILING FEE: \$25.00

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: ROBIRD, LLC

Document number of Limited Liability Company is: L16000132278

Date of dissolution was: _____

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

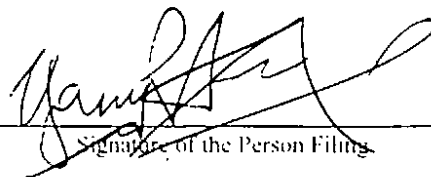
3363 NE 163 STREET, 709

NORTH MIAMI BEACH, FL 33160

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ROBERT TSATURIAN

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00