

L16 000730817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

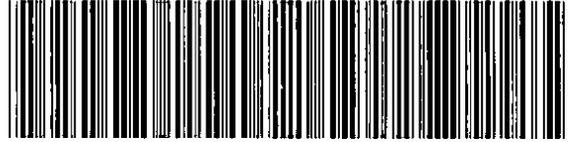
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF CALIFORNIA
FILING OFFICE

20 FEB 18 PM 5:27

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Romi Realty 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:

Micha Kiel

(Name of Person)

Romi Realty LLC

(Firm/Company)

7740 southside blvd

(Address)

Jacksonville fl 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Micha Kiel

(Name of Person)

at (904) 7903212

(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
Romi Realty LLC

2. The Articles of Organization were filed on 12/22/2016 and assigned
document number 1.16000230817

3. The delayed effective date the dissolution if not effective on the date of filing: 12/30/2019
(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).
voluntarily

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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Micha Kiel 7740 Southside blvd 205 jacksonville florida 32256

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:

Micha Kiel
Signature
Micha Kiel

Micha Kiel

Printed Name

FILING FEE: \$25.00