

L170000040527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

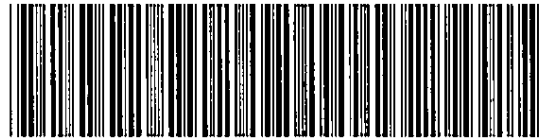
(Document Number)

Certified Copies _____

Certificates of Status _____

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ALABAMA STATE FIDELITY

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11/17/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **OLIMARE PROPERTIES LLC**

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DENIS MENDONCA

(Name of Person)

DRUMMOND

(Firm/Company)

333 NE 21st AVE APT 306

(Address)

DEERFIELD BEACH, FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

Denis Mendonca

(Name of Person)

at (**857**) **415-8766**

(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
OLIMARE PROPERTIES LLC
2. The Articles of Organization were filed on February 21, 2017 and assigned
document number 117000040527
3. The delayed effective date the dissolution if not effective on the date of filing: 10/24/2017
(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).
The company was opened in February of the current year, however, never had any operation and the members
had decided no longer run the business.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

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

Luiz Roberto Castilho Oliva Filho

Printed Name

FILING FEE: \$25.00

