

L17000085077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

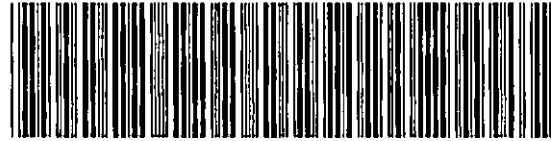
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
SEP 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROMY FIRST CLASS ENTERPRISE, 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:

ROMIAL PETIT

(Name of Person)

(Firm/Company)

135 NW 198TH STREET

(Address)

MIAMI GARDENS, FL 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

ROMIAL PETIT

(Name of Person)

at (786) 731-7286

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

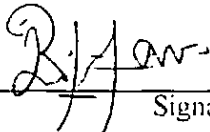
\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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
ROMY FIRST CLASS ENTERPRISE, LLC
2. The Articles of Organization were filed on 04/17/2017 and assigned
document number L17000085077
3. The delayed effective date the dissolution if not effective on the date of filing: 08/29/2017
(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).
I CANNOT GET A EIN NUMBER OR ITIN NUMBER TO OPEN A BANK ACCOUNT. THEREFORE,
I PREFER TO DISSOLVE THE BUSINESS ALTOGETHER.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
ROMIAL PETT
135 NW 198TH ST
MIAMI GARDENS, FL 33169
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

ROMIAL PETT

Printed Name

FILING FEE: \$25.00

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MILWAUKEE COUNTY