117000091741

| (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: | | | | | | |
| 22 AH 8: 43 SSFE, FLORIDA | | | | | | |
| Of September 1997 | | | | | | |



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O SIMMONS NAY 24 2017

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT:

HARTMAR GLOBAL 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:

| MARIKA E. HARTMAN (Name of Person) | | | | | |
|------------------------------------|--|--|--|--|--|
| | | | | | |
| (Firm/Company) | | | | | |
| 100 S. POINT DRIVE, APT. 2901 | | | | | |
| (Address) | | | | | |
| MIAMI BEACH, FL 33139 | | | | | |
| (City/State and Zip Code) | | | | | |

For further information concerning this matter, please call:

MARIKA E. HARTMAN

, 954 \ 214-1562

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

'FL DEPT of STATE'

□ \$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 HARTMAR GLOBAL LLC | | | | | |
|-----------|--|--|--|---|--|--|
| 2. | The Articles of Organization | were filed on 4/25/2 | 017 | and assigned | | |
| | document number L17000091 | 741 | | | | |
| 3. | | s block does not meet t | he applicable statutory t | filing: 5/17/17 In date document is received for filing) Tiling requirements, this date will not be | | |
| 4. | A description of occurrence to 605.0707, Florida Statutes, (co | hat resulted in the lin opy 605.0707 on bac | nited liability compan k cover letter). | y's dissolution pursuant to section | | |
| | COMPANY NOT NEEDED | | | | | |
| | | | | | | |
| 5. | If there are no members, enter activities and affairs: | r the name and addre MARIKA E. HARTN | • • • • | inted to wind up the company's | | |
| | | | | | | |
| 6. lis | Signature of an authorized pe ted above to wind up the comp | rson or if there are no bany's activities and | o members, the signat affairs: | ure of the person appointed and | | |
| | # | | MARIKA E. HAR | TMAN | | |
| | // Signature | , | P | rinted Name | | |
| | | FILING | FEE: \$25.00 | | | |