C17000094230

(Paragraph Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Cappial Instructions to Filing Officer
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COVER LETTER

Division of Corporations
SUBJECT: Stovm Mobile Advertisement 46. (Name of Limited Liability Company)
(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:
Mejandra Rimcon (Name of Person)
(Firm/Company)
763 S. Duval ST. (Address)
City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Jose M. Rangel at (850) 509-2920 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$\sim \\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 Storm Mobile Advertisement LLC.
2.	The Articles of Organization were filed on $4/28/2017$ and assigned
	document number <u>17000094230</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: (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).
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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:
	PR Section 1
	The second secon
	100 200 49
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Dos M. Kangel Signature Signature Printed Name
7	Signature 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: Stoven Mobile Advertisement
Document number of Lim	ited Liability Company is: <u> </u>
Pate of dissolution was: _	4/30/2018
Description of information	that must be included in a written claim:
/ <u>Na1</u>	Use that neme one ware
•	nims can be sent: (Claims cannot be sent to the Division of Corporations)
Duia	S. Duval ST. y 21. 32351

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