L17000125484

(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL.
/D:	isiness Entity Nar	ma)
(60	isiness Entity (vai	110)
(0-		
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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2017 NOV -8 PH 4: 58
SECRETARY OF STATE

K. SALY NOV - 9 2017

COVER LETTER

Division of Corporations				
SUBJECT: HomeritellC				
(Name of Limited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.			
Please return all correspondence concerning this matter to the	e following:			
José	Rojo			
Homerite LLC				
(Firm/Company)				
1108 Iris lake Or Apt 202				
Tampa, FL 33619				
	and Zip Code)			
For further information concerning this matter, please call:				
Jose Rojo (Name of Person)	at (813) 270 6098			
•	(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:	STREET/COURIER ADDRESS:			
Registration Section	Registration Section			
<u>•</u>	•			
Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DISSOLUTION	
	The name of a limited liability company is Howevite LLC SECRE /ARY OF a	- N
1.	The name of a limited liability company is	· <i>U</i>
	Homerite LLC	4: 50
2.	The Articles of Organization were filed on 06/08/2017 and assigned SECRETARY OF S and assigned	TATE PRIDA
	document number <u>L17000125484</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 11/1/2017 (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 listed as the document's effective date on the Department of State's records.	be
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).	n
	No longer need LLC to open up bank account. Will open	n account
	in my own name.	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	
	activities and affairs: Jose Rojo	
	1108 Iris Lake dr apt 202 Tampa, PL 33619	
	Tampa, PL 33619	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:	
	Jose Roju	
	Signature Printed Name	

FILING FEE: \$25.00