# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BARBOSA LEGAL Account Number : 120110000049 : (305)501-4680 Phone

Fax Number

: (305)359-9543

## LLC DISSOLUTION OR WITHDRAWAL **ORMUS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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JAN 1 5 2020

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### **COVER LETTER**

Division of Corporations				
ORMUS LLC SUBJECT:				
(Name of Lin	nited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are sub-	mitted for filing.			
Please return all correspondence concerning this matter				
andrės hern	ANDEZ			
(3	Name of Person)			
BARBOSA LEGAL				
(Firm/Company)				
407 LINCOLN ROAD PH-NE				
	(Address)			
MIAMI BEACH,	FL 33139			
(City	/State and Zip Code)			
For further information concerning this matter, please of	call:			
ANDRÉS HERNANDEZ	305 501-4680			
(Name of Person)	(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	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314	Tallahassee, FL 32303			

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#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is ORMUS LLC	·			·	
2.	The Articles of Organization were filed on MARC	CH 15, 2019	and assigned	i		
	document number L19000067862					
3.	The delayed effective date the dissolution if not e (effective date cannot be prior to or Note: If the date inserted in this block does not meet listed as the document's effective date on the Department.	more than 90 days later than t the applicable statutory f	i date document is recei	ved for fil nis date w	ling) vill not	be
4.	A description of occurrence that resulted in the li 605.0707, Florida Statutes, (copy 605.0707 on ba	mited liability company ck cover letter).	y's dissolution purs	uant to s	ection	1
	Member's Consent				]20	
	Monto, a consent		<u>-</u> -	· : = 7	<u>حرز</u>	
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				5	-	
5.	If there are no members, enter the name and add	ress of the person appoi	inted to wind up the	compar	ny's	
	activities and affairs:		<u>.</u>			
6. al	Signature of an authorized person or if there are pove to wind up the company's activities and affai	no members, the signat	ure of the person ap	– opointed	and 1	isted
/g	/ Andrés hernandez	Andrés Hernández				
Signature		P	Printed Name			

**FILING FEE: \$25.00** 

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### 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.

A claim against the above named limited liability compactain is commenced within 4 years after the filing of thi  Andrés Hemández	/s/ Andrés Hernández				
claim is commenced within 4 years after the filing of thi	is notice.				
	any will be barred unless a proceeding to enforce the				
	<del></del>				
Miami Beach, FL 33139					
407 Lincoln Road, PH-NE					
Mailing address where claims can be sent: (Claims canno	ot be sent to the Division of Corporations)				
detailed alegations.					
Claim must be in writing and state name and contact informat	ion of the party making the claim and				
Description of information that must be included in a wr	itten claim:				
Date of dissolution was: January 13, 2020	f dissolution was:				
Document number of Limited Liability Company is:	000067862				
Name of Limited Liability Company: ORMUS LLC					

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