

L21000407120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

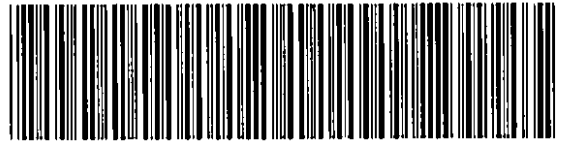
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



900422236299

FILED

2024 FEB -6 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 FEB -6 PM 2:52

TALLAHASSEE, FLORIDA

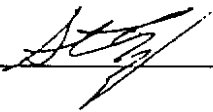
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OM MGMT LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by: SN

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OM MGMT 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:

ALEX D. SIRULNIK

(Name of Person)

ALEX D. SIRULNIK, P.A.

(Firm/Company)

2199 PONCE DE LEON BOULEVARD, SUITE 301

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX D. SIRULNIK

(Name of Person)

305

443-7211

at (_____) _____

(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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 FEB -6 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
OM MGMT LLC

2. The Articles of Organization were filed on 9/14/2021 and assigned
document number 1.21000407120

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).

CONSENT OF ALL OF THE MEMBERS TO DISSOLVE THE LIMITED LIABILITY COMPANY

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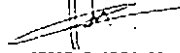
CONSENT OF ALL OF THE MEMBERS TO DISSOLVE THE LIMITED LIABILITY COMPANY

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: CARLOS ROMERO

1835 NW 112TH AVENUE, #174

MIAMI, FL 33172

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:

DocuSigned by:

BF56D4B46BD0455

Signature

CARLOS ROMERO

Printed Name

FILING FEE: \$25.00