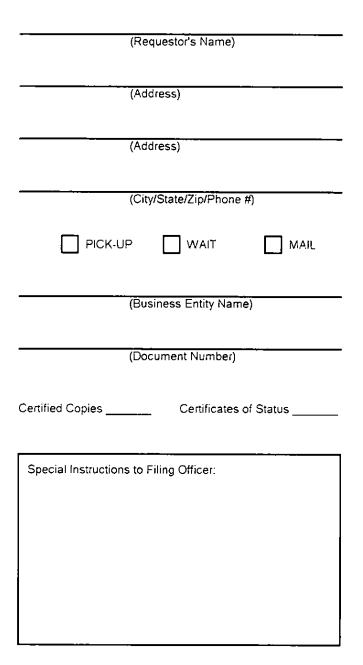
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Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	PROMASA LLC					
SUBJECT.	(Name of Limited Liability Company)					
The enclosed	d Articles of Dissolution and fee(s) are submi	tted for filing.				
Please return	all correspondence concerning this matter to	the following:				
	EDWINE TONTON					
	(Name of Person)					
	DANIEL ALTINE					
	(Firm/Company)					
	7523 SW 8TH CT					
	(Address)					
	NORTH LAUDERDALE, FLORIDA, 33068					
	(City/St	ate and Zip Code)				
For further is	nformation concerning this matter, please call	:				
DA	NIEL ALTINE	954 aı (7098196			
	(Name of Person)		e & 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)				
<u>Ma</u>	iling Address:	Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liabil PROMASA LLC	ity company is			_ ·
2.	The Articles of Organizatio	n were filed on DE	ECEMBER 27. 2021	and assigned	
	document number L2200000	03972			
3.		this block does not n	ot effective on the date of filing or more than 90 days later than dat neet the applicable statutory filing partment of State's records.		not be
4.	605.0707, Florida Statutes, ((copy 605.0707 on			tion
	THE COMPANY NEVER ST	ARTED OPERATION	ONS MORE THAN 2 YEARS A	FTER THE ARTICLES	-
	OF ORGANIZATION WERE	FILED.			
				9024 HA SECTAL	
				// -2 // EX	=======================================
	If there are no members, en activities and affairs:	ter the name and a	ddress of the person appointed	it to wind up the company:	· III
		7523 SW 8TH C	Т	ਿੰਜ਼ ∞	-
		NORTH LAUDE	ERDALE, FLORIDA, 33068		
6. ab	Signature of an authorized pove to wind up the company	person or if there a	are no members, the signature	of the person appointed an	– d listed
	Lawel	Altine	DANIEL ALTINE		
Signature		Printed Name		_	

FILING FEE: \$25.00