

P18000095388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

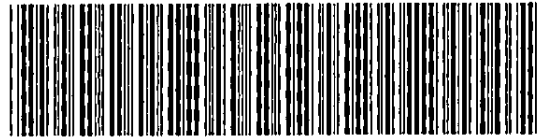
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/09/23--01018--011 **35.00

dissolution with
notice

FILED
2023 JUL 25 AM 8:33
CLERK OF STATE
MISSOURI

A. RAMSEY
JUL 27 2023

*00789, 04522, 00707, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2023

JUDITH PORTMESS
LIMOTHARO INC
6884 BITTERBUSH PLACE
BOYNTON BEACH, FL 33472

SUBJECT: LIMOTHARO, INC.
Ref. Number: P18000095388

We have received your document for LIMOTHARO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

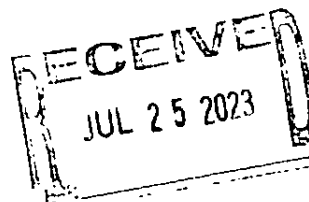
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 923A00013138



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIMOTHARO INC.

DOCUMENT NUMBER: P18000095388

The enclosed *Articles of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith Portmess

Name of Contact Person

LIMOTHARO INC

Firm/Company

6884 Bitterbush Place

Address

Boynton Beach FL 33472

City/State and Zip Code

GPORTMESS@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith Portmess

At (561) 704-4552

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:

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

Street Address:

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

FILED

ARTICLES OF DISSOLUTION

2023 JUL 25 AM 8:33

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

LI MOTHARO INC.

SECOND: The document number of the corporation (if known): P1800005388

THIRD: The date dissolution was authorized: 2-28-23

Effective date of dissolution if applicable: 2-28-23

(no more than 90 days after dissolution file date)

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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: *Judith Portmess*

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

JUDITH PORTMESS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: LIMATHARO INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

2-28-23

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

6884 BITTIER BUSH PL

BOYNTON BEACH FL 33472

TEL 704-4552

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JUDITH PORTMESS, PRES,

Printed Name of the Person Filing

Judith Portmess

Signature of the Person Filing