

L12 000 146 054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

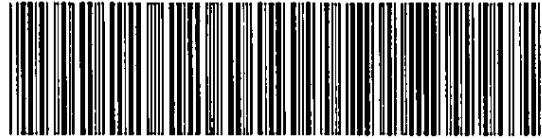
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/13/17--01009--003 **25.00

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TALLAHASSEE, FLORIDA

SEP 13 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brook Properties, 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:

David Selzer

(Name of Person)

Brook Properties, LLC

(Firm/Company)

8815 East Escondido Way

(Address)

Boca Raton, FL. 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

David Selzer

(Name of Person)

561

852-4322

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR

A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Brook Properties, LLC
2. The Articles of Organization were filed on 11/20/2012 and assigned
document number L12000146054
3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
The Authorized Member has decided to retire the 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: N/A
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:

Printed Name

FILING FEE: \$25.00