

# L 13000176487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

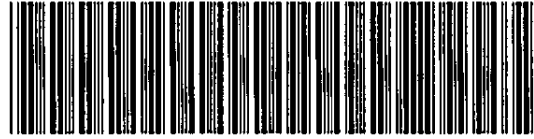
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 MAR -3 PM 5:43  
SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR - 5 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACMG INVESTMENTS 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:

JAMES CARLSEN  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

~~BE~~ P.O. BOX 2889  
(Address)

WINTER PARK FL 32790  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES CARLSEN at (407) 310 7811  
(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  
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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
ACM 6 LLC
2. The Articles of Organization were filed on December 23, 2013 and assigned  
document number L13000176487
3. The delayed effective date the dissolution if not effective on the date of 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).  
- Change in original business  
plan.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:  
James Carlsen  
P.O. Box 2889  
Winter Park FL 32790
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:

Signature

James Carlsen

Printed Name

James Carlsen

FILING FEE: \$25.00