L15000107236

(Req	uestor's Name)
(Add	ess)
·	
(Add	ress)
(City)	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(5)	
(Bus	ness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	ling Officer
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05/08/19--01002--011 **25.00

ALLAHABBEE FLORIDA

D SCOTT MAY 8 2019

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

1017 MARGARET	STJ. LLC	
1.15000107226		
L15000107236	<u> </u>	
		<u> </u>
		Art of Inc. File
		LC Fib.
		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
Signature		Fictitious Owner Search
orginature .		Vehicle Search
	-†- 	Driving Record
Requested by: BA	05/07/19	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Maine	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT.

1017 MARGARET ST. 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:

Richard M. Klitenick, Esq.

(Name of Person)

Richard M. Klitenick, PA

(Firm/Company)

1009 Simonton Street

(Address)

Key West, FL 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard M. Klitenick

05 292-410

(Name of Person)

(Area Civile & 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

l.	The name o	f a limited liability	company is				
	1017 MAR	ARET ST. LLC	_				
2.	The Article	s of Organization v	were filed on June 19, 2	2015	and assign	ned	<u> </u>
	document n	umber <u>L15000107</u>	236	_			
3.	Note: If the	date inserted in this	e dissolution if not effect the cannot be prior to or mor s block does not meet the se date on the Department	e than 90 days later than a pplicable statutory fil	date document is re	ceived for	filing) will not be
4.	A description 605.0707, F	n of occurrence th orida Statutes, (ec	nat resulted in the limit opy 605.0707 on back o	ed liability company cover letter).	's dissolution pu	ırsuant t	o section
	Pursuant to S	ection 605.0701, F.:	S, this will confirm that a	ll of the members prop	erly consented to	dissoluti	on and
	winding up o	f all of the affairs of	f this limited liability con	npany		7. 1. 1.	7 E18
			·	· · · · · · · · · · · · · · · · · · ·		ن د د	-
		···		_			>
5.	If there are activities ar		the name and address	of the person appoin	ted to wind up t	the:comp	ربب pany <u>-</u> s =
							
							·····
6. li:	Signature o sted above to	f an authorized pe wind up the comp	rson or if there are no r pany's activities and af	members, the signatu fairs:	re of the person	appoint	ted and
	R	S (de	~	P		,	
	ac	Signature	<u> </u>	BRUCE 6	onted Name	7	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limi	ted Liability Company: 1017 MARGARET ST., LLC	
Document nur	nber of Limited Liability Company is: L15000107236	
Date of dissol	May 31, 2019	281
Description of	information that must be included in a written claim:	ALLA INS.
Comple	te details with supporting documentation	
		<u> </u>
		10 P. O. P. S.
Mailing addre	ess where claims can be sent: (Claims cannot be sent to the Division of Co	orporations)
c/o	RMK, PA	
100	9 Simonton Street	Viendado
Ke	y West, FL 33040	
<u> </u>		<u></u>
	st the above named limited liability company will be barred unless a procuenced within 4 years after the filing of this notice.	eeding to enforce the
	P /	P
BRUG	E E. CCHENI De Z	(a)

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Signature of the Person Filing

Printed Name of the Person Filing