

L12000111918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

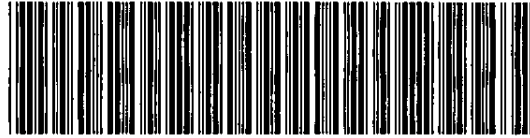
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/13/15--01038--015 **25.00

FILED
15 APR 13 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 24 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1409 Epic, 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:

Gerald Duty

(Name of Person)

Duty, PL

(Firm/Company)

260 Crandon Blvd, Ste 32-252

(Address)

Key Biscayne, Florida 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald Duty at (305) 491-5111

(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**

1. The name of a limited liability company is
1409 Epic, LLC
2. The Articles of Organization were filed on August 30, 2012 and assigned
document number L1200011918
3. The delayed effective date the dissolution if not effective on the date of filing: upon filing
(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).

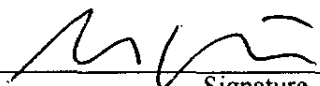
Sale of sole asset held.

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TALLAHASSEE, FLORIDA

FILED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
- _____
- _____
- _____

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

Gerald Duty

Printed Name

FILING FEE: \$25.00