

00000007867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

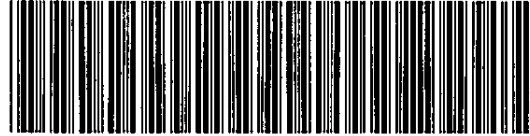
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700280115527

12/16/15--01011--003 **25.00

FILED
15 DEC 16 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2015
J SHIVERS

12/31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARGON DEVELOPMENT CO., 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:

Peter Betz

(Name of Person)

Monterey Management Consulting

(Firm/Company)

501 Goodlette Road N, D100

(Address)

Naples, FL 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Betz

(Name of Person)

at 239 430-7876

(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

ARGON DEVELOPMENT CO., LLC

2. The Articles of Organization were filed on 6/28/2000 and assigned

document number L00000007863

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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.

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).

Cease business operations

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:

By: Hans F. Levy Terminating Trust dtd 12/12/2014

Linda L. Levin Trustee
Signature

Linda L. Levin
Printed Name

FILING FEE: \$25.00

15 DEC 16 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED