

L000000016187

(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 APR 28 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 5 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIMEX UNITED 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:

I.L. COHEN

(Name of Person)

- -

(Firm/Company)

5310 MAG VERDES CIRC # 209

(Address)

DELRAY BEACH - FL - 33484

(City/State and Zip Code)

For further information concerning this matter, please call:

I.L. COHEN

(Name of Person)

at (561) 573-8174

(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
FIMEX UNITED LLC
2. The Articles of Organization were filed on 12/22/2000 and assigned
document number L00000016187
3. The delayed effective date the dissolution if not effective on the date of 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).

SERIOUS
I.L. COHEN HAD A VERY ACCIDENT - IT REQUIRED A
4 HRS LONG OPERATION.

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

I.L. COHEN

5310 LAS VERDES CIR # 209

DELRAY BEACH - FL - 33484

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

I.L. COHEN

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

FILED