

L01000009509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

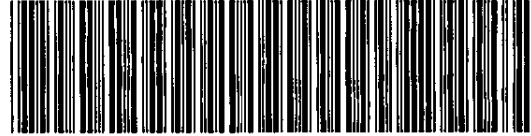
(Business Entity Name)

(Document Number)

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

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02/16/16--01014--001 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 FEB 16 PM 5:42

FILED

K. SALLY  
EXAMINER  
FEB 16

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Angler Associates, 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:

David S Lindenbaum

(Name of Person)

Angler Associates LLC

(Firm/Company)

6300 Powers Ferry Rd, Ste 600-354

(Address)

Atlanta, Ga. 30339

(City/State and Zip Code)

For further information concerning this matter, please call:

David Lindenbaum

(Name of Person)

at 404 664-9681

(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**

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2016 FEB 16 PM 5:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Angler Associates LLC

2. The Articles of Organization were filed on 06/14/2001 and assigned

document number L01000009509

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)

**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).

The property held by the LLC was sold in June 2015

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

David Lindenbaum

Printed Name

**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 Limited Liability Company: Angler Associates LLC

Document number of Limited Liability Company is: L01000009509

Date of dissolution was: December 31, 2015

Description of information that must be included in a written claim:

All invoices and legal documents indicating outstanding claims or debts

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

David Lindenbaum

6300 Powers Ferry Rd

Suite 600-354

Atlanta, Ga. 30339

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

David Lindenbaum

Printed Name of the Person Filing



Signature of the Person Filing

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

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2016 FEB 16 PM 5:42  
CLERK OF SUPERIOR COURT  
ALABAMA DEPT. OF REVENUE