

LO40000008737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

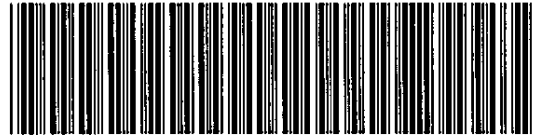
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2014 JAN 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 30 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PORT ST. LUCIE FUNDS, 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:

ALBERT SCHMIER

(Name of Person)

(Firm/Company)

17879 LAKE ESTATES DRIVE

(Address)

BOCA RATON, FL 33496

(City/State and Zip Code)

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2014 JAN 27 PM 2:30
CLERK OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

ALBERT SCHMIER

(Name of Person)

at (561) 477-6805

(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:

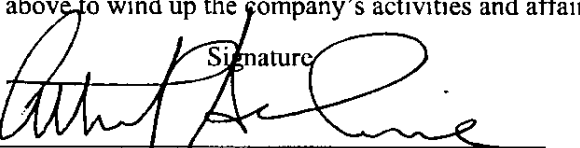
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
THE PORT ST. LUCIE FUNDS, LLC
2. The Articles of Organization were filed on FEBRUARY 02, 2004 and assigned
document number L04000008737
3. The delayed effective date the dissolution if not effective on the date of 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).
PROPERTY SOLD LLC NO LONGER NEEDED

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

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

Printed Name
ALBERT SCHMIER

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA