

L 04000056209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☒ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. Burch APR 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poly-TRIPLEX SOUTHEAST 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:

Ron A. McNeil
(Name of Person)
POLY-TRIPLEX SOUTHEAST LLC
(Firm/Company)
P.O. Box 40
(Address)
Greensboro, FL 32330
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Harrell at (321) 267 1165
(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 POLY-TRIPLEX SOUTHEAST LLC
2. The Articles of Organization were filed on 7.29.2004 and assigned document number L04000056209
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).

Closing company ~~partially owned by~~

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

Rhonda Harrell
P.O. Box 40
Greensboro, FL 32330

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

Rhonda Harrell

Printed Name

Rhonda Harrell

FILING FEE: \$25.00

FILED
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TALLAHASSEE, FLORIDA