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L04000073456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

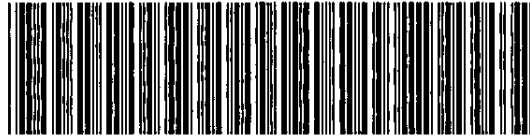
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900271294609

04/06/15--01037--015 **25.00

FILED
2015 APR -6 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IKOS ESTATES, 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:

Pantelakis Charalambous

(Name of Person)

(Firm/Company)

407 Lincoln Road, Suite 12L

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Pantelakis Charalambous

(Name of Person)

at (**786**) **303-3947**
(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

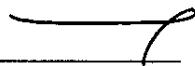
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
IKOS ESTATES, LLC
2. The Articles of Organization were filed on 10/08/2004 and assigned
document number L04000073456
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).
This entity ceased business operations on 12/31/2014

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Pantelakis Charalambous
407 Lincoln Road
Suite 12L
Miami Beach, FL 33139
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



Pantelakis Charalambous

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: IKOS ESTATES, LLC

Document number of Limited Liability Company is: L04000073456

Date of dissolution was: 12/31/2014

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

Date incurred, amount, reason

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

407 Lincoln Road

Suite 12L

Miami Beach, FL 33139

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

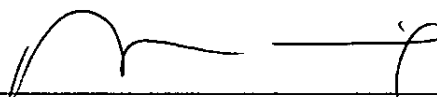
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Pantelakis Charalambous

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