

L04000091966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

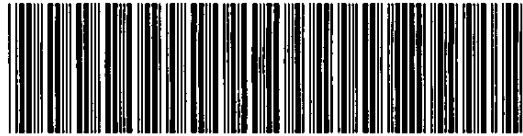
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/30/15--01026--002 **50.00

FILED

2015 DEC 30 PM 4:29

CLERK OF COURT
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

JAN - 4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Benbrooke Northgate Partners, 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:

Thomas J. Colven, III
(Name of Person)

Colven, Tran & Meredith, PC
(Firm/Company)

1401 Burnham Drive
(Address)

Plano, Texas 75090
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas J. Colven, III at (469) 209-8326
(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**

FILED
2015 DEC 30 PM 4:29
CLERK OF CIRCUIT
JAILAHASSEE, FLORIDA

1. The name of a limited liability company is
Benbrooke Northgate Partners, LLC
2. The Articles of Organization were filed on December 20, 2014 and assigned
document number L04000091966
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).
Consent of all of the members

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Richard F. Lubkin
4 West Red Oak Lane
White Plains, New York 10604

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

Richard F. Lubkin

Printed Name

FILING FEE: \$25.00