

LS000040434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

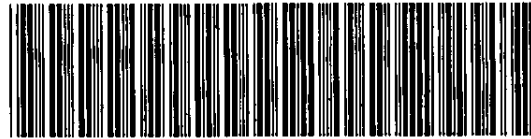
(Business Entity Name)

(Document Number)

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

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Office Use Only



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04/04/16--01042--018 \*\*25.00

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2016 APR -4 P 2:49  
SECRETARY OF STATE  
TAMMSEEE.FLORIDA

APR 05 2016

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida reinvestors, 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:

Robert J Hecker

(Name of Person)

(Firm/Company)

118 St. Edward Pl

(Address)

Palm Beach Gardens, Fl. 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert J Hecker

(Name of Person)

at ( 914 ) 830-5989

(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

Florida Reinvestors, LLC

2. The Articles of Organization were filed on MAY 5 2005 and assigned

document number LO5000040434

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).

Cessation of business

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

Robert J Hecker

Printed Name

**FILING FEE: \$25.00**

2010 APR -4 P 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

## 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: Florida Reinvestors, LLC

Document number of Limited Liability Company is: 2050000 40434

Date of dissolution was:                      Date of filing certificate of dissolution

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

Name and address of claimant

Fed ID #

Date incurred; copy of original invoice or statement of claim  
with complete details

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

118 St. Edward Pl. Palm Beach Gardens, Fl. 33418

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.

Robert J Hecker

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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TALLAHASSEE, FLORIDA