

2050000 74623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 DEC - 2 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 09 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLES 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:

Member Bruce Jeffries (Trustee, JFLES Family Trust)
(Name of Person)

FLES LLC
(Firm/Company)

411 Walnut St. #3446
(Address)

GREEN COVE SPRINGS, FL. 32043
(City/State and Zip Code)

For further information concerning this matter, please call:

m Bruce Jeffries at (561) 214 0606
(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/COURT 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

FLES LLC

2. The Articles of Organization were filed on 07/26/2005 and assigned

document number L05000074623

~~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).

The election to dissolve the Company (FLES LLC)
by the unanimous 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:~~

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:

Member, CFLES Family Trust
Signature

Mugé A. Cummings
Printed Name

Mugé A Cummings FILING FEE: \$25.00
11/26/2014

Member, JFLES Family Trust

Bruce Jeffries, Trustee

Bruce Jeffries

11/26/2014

FILED
14 DEC - 2 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA