## #10600039071

(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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17 MAY 27 PN 4: 51

SUPPLIFIES FLORIDA

K. SALY EXAMINER MAY 3 1 2011



May 17, 2011

CONNIE BOCZARSKI 1550 FENTON DR. DELRAY BEACH, FL 33445

SUBJECT: AXIS PROPERTIES, LLC

Ref. Number: L06000039071

We have received your document for AXIS PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 911A00012174

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	T: Axis Properties, LLC	
	(Name of Limited L	.iability Company)
		o
	osed Articles of Dissolution and fee(s) are submitted	_
Please ret	eurn all correspondence concerning this matter to the	following:
	Connie Boczarski	
	(Name of	Person)
	(1) (2)	
	(Firm/Co	mpany)
	1550 Fenton Dr	ress)
	Delray Beach, Fl 33445	,
	(City/State ar	nd Zip Code)
		THE STATE OF STATE
For furthe	er information concerning this matter, please call:	1 Comment
(	Connie Boczarski	at ( 561 ) 706-8997
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is	s a check for the following amount:	
<b>√ \$</b> 25.00 F	Filing Fee & 30.00 Filing Fee & Certificate of Status	55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & 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
	i alialiassee, FL 32314	Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 11 MAY 27 PM 4:51 SEURE AND OF STATE ALLAHASSEE, FLORIDA

and assigned document number ssolution pursuant to section have been paid or discharged. ilities pursuant to s. 608.4421.
nave been paid or discharged.
•
•
n accordance with their respective
essary to approve the dissolution:
Printed Name
Boczarski

FILING FEE: \$25.00