

L06000045551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 02 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Regent Group, 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:

Kim Meadows

(Name of Person)

(Firm/Company)

4320 Deerwood Lake PKwy, Ste 101 PMB 447

(Address)

Jacksonville, FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Meadows

(Name of Person)

at

904 240-2825

(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

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

1. The name of a limited liability company is

The Regent Group, LLC

2. The Articles of Organization were filed on 4-28-05 ? and assigned

document number LO600604551

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).

An event has occurred that the operating agreement
states causes dissolution.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

Kim Meadows
4320 Deerwood Lake Pkwy
Ste 101, PMB #447
Jacksonville, FL 32216

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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:

Kim Meadows
Signature

Kim Meadows, Managing member
Printed Name

FILING FEE: \$25.00