

206000050917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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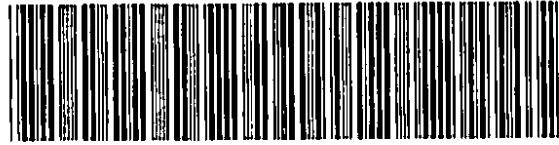
(Business Entity Name)

(Document Number)

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

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JAN 11 2018  
J. HARRIS

LAW OFFICE  
OF  
**JOHN A. WATSON**

JOHN A. WATSON

2501 East Commercial Boulevard, Suite 200  
Fort Lauderdale, Florida 33308

Telephone (954) 289-5990  
Facsimile (954) 337-2722  
Cell (954) 803-7515  
jwatson@johnwatsonlaw.com

PLEASE REPLY TO:  
P. O. Box 11066  
Fort Lauderdale, Florida 33339

January 5, 2018

VIA FEDEX

Registration Section  
Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: Lombardy Avenue, LLC  
Document No. L06000050917  
Three(3) Member Resignations

Dear Sir:

Please find enclosed original Articles of Dissolution for the above referenced limited liability company for filing with the Florida Secretary of State, Division of Corporations. This firm's check in the amount of \$25.00 is enclosed representing the filing fee due for the filing of same.

Thank you for your attention to this matter. If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,



JOHN A. WATSON  
For the Firm

JAW:js  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOMBARDY AVENUE, 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:

John A. Watson, Esq.

(Name of Person)

Law Office of John A. Watson

(Firm/Company)

P.O. Box 11066

(Address)

Fort Lauderdale, FL 33339-1066

(City/State and Zip Code)

For further information concerning this matter, please call:

John A. Watson

(Name of Person)

at ( 954 ) 803-7515

(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

Lombardy Avenue, LLC

2. The Articles of Organization were filed on May 9, 2006 and assigned

document number L06000050917

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)

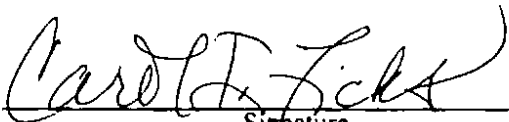
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The written consent of a Majority in Interest 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:

  
Signature

Carol T. Ficks

Printed Name

**FILING FEE: \$25.00**

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