

206000064396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

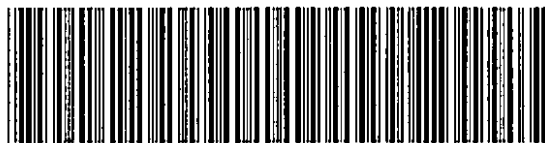
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800338666198

01/03/2011-01004--009 **25.00

20 JAN -3 AM 8:17
RECEIVED
FEB 1 2011
FEB 1 2011

JAN 31 2011
C MCNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BETRES SOUTH LLC

(Name of Limited Liability Company)

RECEIVED
DIVISION OF CORPORATIONS
20 JAN -3 AM 8:17

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK BETRES

(Name of Person)

(Firm/Company)

290 VOGEL ROAD

(Address)

BUTLER, PA 16002

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK BETRES

(Name of Person)

724

841-0160

at (

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

RECEIVED
20 JAN -3 AM 8:17
FILING OF DOCUMENTS
SECTION 605.0707

1. The name of a limited liability company is
BETRES SOUTH LLC

2. The Articles of Organization were filed on JUNE 23, 2006 and assigned
document number L06000064396

3. The delayed effective date the dissolution if not effective on the date of filing: DEC 31, 2019
(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).
WRITTEN CONSENT OF ALL MEMBERS

WRITTEN CONSENT OF ALL MEMBERS

WRITTEN CONSENT OF ALL 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

FRANK BETRES

Printed Name

FILING FEE: \$25.00