

***L06000075110**

(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



300267546033

12/19/14--01006--006 **25.00

2014 DEC 19 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. B. BLY
EXAMINER
DEC 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADISON 617, 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:

P. Todd Kennedy, Esquire

(Name of Person)

Kennedy & Kennedy, P.L.

(Firm/Company)

14 Southeast 4th Street, Suite 36

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

P. Todd Kennedy

(Name of Person)

at (561) 683-2484
(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

FILED

2014 DEC 19 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
MADISON 617, LLC

2. The Articles of Organization were filed on 07/28/2006 and assigned
document number L06000075110

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).

Written Consent of all of the Members of the limited liability company.

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

FILING FEE: \$25.00

ALAMANDA HOLDINGS, LP
Miller Children's Trust
dated May 3, 2002, Its General Partner
By: _____
Jeffrey I. Miller, M.D., Trustee