

LD6000107164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

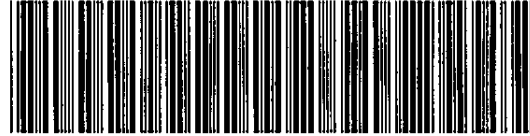
(Document Number)

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

Special Instructions to Filing Officer:

707

Office Use Only



600270042376

03/02/15--01018--023 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 12 PM 3:45

APPROVED  
AND  
FILED

5/12

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5591 Atlantic View, 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:

Steven F. Odiorne

(Name of Person)

(Firm/Company)

Post Office Box 209

(Address)

Madison, Florida 32341

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven F. Odiorne

(Name of Person)

at ( 850 ) 973-2580

(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

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 12 PM 3:45

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2015

STEVEN F ODIORNE  
PO BOX 209  
MADISON, FL 32341

SUBJECT: 5591 ATLANTIC VIEW, LLC  
Ref. Number: L06000107164

We have received your document for 5591 ATLANTIC VIEW, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 015A00005308

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

1. The name of a limited liability company is

5591 Atlantic View, LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned

document number L06000107164

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).

Sold property, no need for Corporation anymore

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:

APPROVED  
AND  
FILED

15 MAY 12 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature

Printed Name

FILING FEE: \$25.00