

LO7000045041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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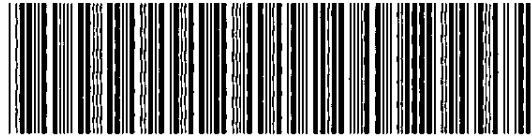
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 17 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 5571-07 4311279
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 55.00

ORDER DATE : March 15, 2017

ORDER TIME : 3:32 PM

ORDER NO. : 557107-005

CUSTOMER NO: 4311279

DOMESTIC FILINGS

NAME: BURDINES 1225, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Burdines 1225, 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:

Leslie M. Apple, Esq.
(Name of Person)

(Firm/Company)

One Commerce Plaza Suite 1900
(Address)

Albany NY 12260
(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie M. Apple at (518) 487-7770
(Name of Person) (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
Burdines 1225, LLC

2. The Articles of Organization were filed on 04/27/2007 and assigned
document number L07000045041

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

UNANIMOUS Vote of Sole Member

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

Leslie M. Apple, Esq.

One Commerce Plaza

Albany NY 12260

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:

Leslie M. Apple
Signature

Leslie M. Apple
Printed Name

FILING FEE: \$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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