

# L07000070632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
10-6-2014

10/06/14--01049--020 \*\*25.00

FILED  
2014 OCT -6 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
OCT 14 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISLAND CAPITAL HOLDINGS

(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:

RUBEN NAZARIO

(Name of Person)

(Firm/Company)

94 PATTY LANE

(Address)

MANAHAWKIN, NJ 08050

(City/State and Zip Code)

For further information concerning this matter, please call:

RUBEN NAZARIO

(Name of Person)

609

339 4520

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/COURIER ADDRESS:**

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

EFFECTIVE DATE  
10-6-2014

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
ISLAND CAPITAL HOLDINGS

2. The Articles of Organization were filed on JUNE 09, 2007 and assigned  
document number L07000070632

3. The delayed effective date the dissolution if not effective on the date of filing: 10/06/2014  
(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).

The company will no longer be conducting business.

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

94 PATTY LANE

MANAHAWKIN, NJ 08050

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:

Ruben Nazario  
Signature

RUBEN NAZARIO

Printed Name

FILING FEE: \$25.00