107-000102975

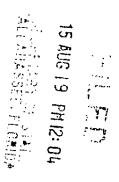
(F	Requestor's Name)
(A	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
<u> </u>	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



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AUG 21 2015 Y SULKER

COVER LETTER

TO: Registration Section

Division of Corporations

SPOKANE, 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:

HELMUT FORERO

(Name of Person)

BG CAPITAL GROUP

(Firm/Company)

1250 S. PINE ISLAND RD., #500

(Address)

PLANTATION,FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

HELMUT FORERO

, 954

762-2223

(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



RECEIVED

15 AUG 19 PM 3: 32

FLORIDA DEPARTMENT OF STATER: LARGE OF STATE Division of Corporations TALLAHASSEE, FLORIDA

August 10, 2015

HELMUT FORERO 1250 SOUTH PINE ISLAND ROAD 5TH FLOOR PLANTATION, FL 33324 US

SUBJECT: 1821 SPOKANE, LLC Ref. Number: L07000102975

We have received your document for 1821 SPOKANE, LLC and your check(s) totaling \$110.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 215A00016737

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited lia SPOKANE, LLC	bility company is	·
. The Articles of Organiza	tion were filed on	and assigned
document number L0300	0035615	
(effect Note: If the date inserted	the dissolution if not effective on the date of filing tive date cannot be prior to or more than 90 days later than date in this block does not meet the applicable statutory filing fective date on the Department of State's records.	document is received for filing)
A description of occurrer 605.0707, Florida Statutes	nce that resulted in the limited liability company's ds. (copy 605.0707 on back cover letter).	issolution pursuant to section
THE BUSINESS IS NO LO		
. If there are no members,	enter the name and address of the person appointed	to wind up the company 🚓
activities and affairs:	HELMUT FORERO 954-762-2223	2
		35-74 43
		<u> </u>
Signature of an authorize sted above to wind up the c	d person or if there are no members, the signature of company's activities and affairs: KIRSTIE WARD	f the person appointed and
Signature	Printed	l Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SPOKANE, LLC
Document number of Limited Liability Company is: L03000035615
Date of dissolution was: 8/18/15
Description of information that must be included in a written claim:
The Contract of the Contract o
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1250 S. PINE ISLAND RD, #500
PLANTATION, FL 33324
A claim against the above named limited liability company will be barred unless a proceeding to enforce the
claim is commenced within 4 years after the filing of this notice.
KIRSTIE WARD WILL WALL
Printed Name of the Person Filing Signature of the Person Filing