

L07000110065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR 24 PM 1:50
CLERK OF STATE
TALLAHASSEE FL 32301

MAR 27 2014
D. 2713E

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORTE REAL ESTATE ADVISORS
(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:

IVAN DE LA GUARDIA

(Name of Person)

FORTE REAL ESTATE ADVISORS

(Firm/Company)

12844 TAR FLOWER DRIVE

(Address)

TAMPA FL 33626

(City/State and Zip Code)

For further information concerning this matter, please call:

IVAN DELAGUARDIA

(Name of Person)

at (813) 4843537
(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

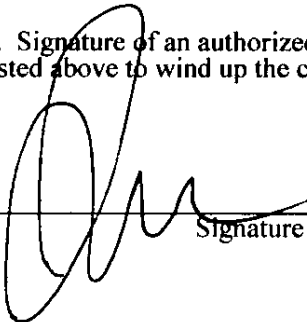
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CLERK OF COURT
STATE OF FLORIDA

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

1. The name of a limited liability company is
FORTE REAL ESTATE ADVISORS
2. The Articles of Organization were filed on 10/3/2007 and assigned
document number L07000110065
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).
NO LONGER IN 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: _____

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

IVAN DELAGUARDIA

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA