

LD80000084992

(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:

L. SELLERS

JAN 22 2009

EXAMINER

Office Use Only



800139241158

12/29/08--01031--004 **30.00

FILED
09 JAN 21 AM 8:56
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Estate Planning Team of Coral Springs, 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:

Barry Kornfeld

(Name of Person)

Estate Planning Team of Coral Springs, LLC

(Firm/Company)

5929 NW 84th Terrace

(Address)

Parkland, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Ferne Kornfeld

(Name of Person)

at (954) 253-8014

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2008

BARRY KORNFELD
5929 NW 84TH TERRACE
PARKLAND, FL 33067

SUBJECT: ESTATE PLANNING TEAM OF CORAL SPRINGS LLC
Ref. Number: L08000084992

We have received your document for ESTATE PLANNING TEAM OF CORAL SPRINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 508A00061981

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

09 JAN 21 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is
Estate Planning Team of Coral Springs, LLC

2. The Articles of Organization were filed on 9/5/08 and assigned document number
L08000084992

3. The date the dissolution was approved: 12/1/08

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Closing business

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

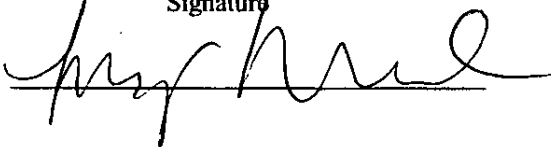
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

Barry Kornfeld

FILING FEE: \$25.00