

L08000089876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

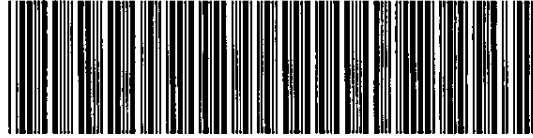
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 NOV 23 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Diss. w/notice*  
*[Signature]*  
*12/1/15*

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **FAP SERVICES 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:

**Clemens W. Pauly, Esq**

\_\_\_\_\_  
(Name of Person)

**PAULY P.A.**

\_\_\_\_\_  
(Firm/Company)

**815 PONCE DE LEON BLVD, STE 209**

\_\_\_\_\_  
(Address)

**CORAL GABLES, FL 33134**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Clemens W. Pauly, Esq** at **305** **648-3909**  
\_\_\_\_\_  
(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

FILED  
NOV 23 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
FAP SERVICES LLC

2. The Articles of Organization were filed on 09/22/2008 and assigned  
document number L08000089876

3. The delayed effective date the dissolution if not effective on the date of filing: upon filing  
(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).  
The LLC is dissolved pursuant to the resolution of all of its members.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Christian Ermel, MGRM  
Printed Name

**FILING FEE: \$25.00**

FILED  
NOV 23 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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: FAP SERVICES LLC

Document number of Limited Liability Company is: L08000089876

Date of dissolution was: upon filing

Description of information that must be included in a written claim:


Full name, address and telephone number of claimant along with a  
sufficient description of the claim to allow us to identify the basis,  
including the date the alleged debt was incurred.  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Christian Ermel  
Rosenfelder Str. 15-16  
D-10315 Berlin  
Germany

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.

Christian Ermel  
Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**