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(Re	equestor's Name)	_
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· (Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
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G. MCLEOD

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EXAMINER



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10 NOV 12 PH 12: 26 SECRETARY OF STATE ALLAHASSEE, FLORIO

· COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: REMAX ONE, LLC
(Name of Limited Liability Company)
v
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA PAGAN
(Name of Person)
REMAX ONE, LLC
(Firm/Company)
1011 N. Main Street, Suite B
(Address)
Kissimmee, FL 34744
(City/State and Zip Code)
For further information concerning this matter, please call:
MARIA PAGAN at (407) 709-6318
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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ong its members in accordance v	vith their respective
any court.	
tion of any judgment, order or de	cree which may be
ership interests necessary to appr	ove the dissolution:
Printed Nam	
Maria Pagan	74 SEC.
Norman D. Ortiz	AHASSE
	D: 26 STATE LORID
	Maria Pagan