

L08000168765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/20/14--01001--010 **25.00

TO ADVANCE
SUFFICIENCY OF FILING

2014 MAR 19 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAR 19 PM 3:05

APPROVED
FILED

J. Stivers MAR 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

503 RENTAL, L.L.C.
(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:

SANTO A. SAPUPPO
(Name of Person)

(Firm/Company)

503 E. 6TH AVENUE
(Address)

TALLAHASSEE, FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

SANTO A. SAPUPPO
(Name of Person)

at (561) 445-4136
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

503 RENTAL LLC

2. The Articles of Organization were filed on NOVEMBER 29, 2008 and assigned document number LO8000108765

3. The delayed effective date the dissolution if not effective on the date of 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).

RENTAL PROPERTY CONVERSION TO PERSONAL
RESIDENCE.

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

SANTO A. SAPUPPO
503 E 6TH AVENUE
TALLAHASSEE, FL 32303
(561-445-4136)

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

Santo A. Sapuppo

Printed Name

SANTO A. SAPUPPO

FILING FEE: \$25.00

RECEIVED
STATE
SECRETARY
FLORIDA

14 MAR 19 PM 3:05

ARTICLE
FILED