

#L09000018770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

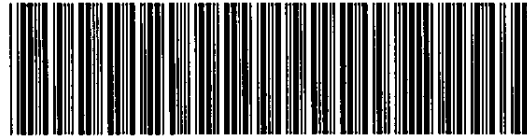
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2014 FEB 25 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB 26 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMTIndividual, 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:

George G. Bauernfeind

(Name of Person)

AMTIndividual, LLC

(Firm/Company)

23850 Via Italia Circle, # 1006

(Address)

Bonita Springs, FL 34134

(City/State and Zip Code)

For further information concerning this matter, please call:

George G. Bauernfeind at (239) 405-7397

(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 FEB 25 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

AMTIndividual, LLC

2. The Articles of Organization were filed on February 24, 2009 and assigned
document number ~~L09000018770~~ L09000018770

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).

Termination of the business resulting in dissolution pursuant to the terms of the
operating agreement and with the consent of all 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: _____

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

Printed Name

George G. Bauernfeind

George G. Bauernfeind

FILING FEE: \$25.00