## F060000 SP050

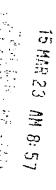
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

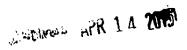




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03/23/15--01032--008 \*\*25.00





## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJEC	For Development, LLC			
SUBJEC		ed Liability Company)		
The enclo	osed Articles of Dissolution and fee(s) are submitt	ed for filing.		
Please re	turn all correspondence concerning this matter to	the following:		
	Lee H. Foels			
	(Nan	ne of Person)		
	(Firm	n/Company)		
	507 Villa Park Road			
	(Address)			
	Kissimmee, Florida 34759			
	(City/Sta	te and Zip Code)		
For furth	er information concerning this matter, please call:			
	Lee H. Foels	407 401-2524		
	(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:	STREET/COURIER ADDRESS:		
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
	Lalianassee, PL 32314	ZOOT EXECUTIVE CENTER CIRCLE		

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia	bility company is		
For Development, LL	.C	······································	
2. The Articles of Organizat	tion were filed on $\frac{3/17/2}{1}$	009	_ and assigned
document number L090	00026020	name.	
3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date do			. 04/01/2015
(effect	locument is received for filing)		
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limits, (copy 605.0707 on back	ited liability company's dis	ssolution pursuant to section
No longer an active c	ompany, Owners are	retiring	
			<del></del>
			· · · · · · · · · · · · · · · · · · ·
5. If there are no members.	enter the name and address	s of the person appointed t	o wind up the company's
5. If there are no members, enter the name and address of the person appoartivities and affairs:  Lee H. Foels			o ap ano company a
activities and arians.			
	507 Villa Park road	d	
	Kissimmee, Florid	a 34759	
			5 MAR
6. Signature of an authorize listed above to wind up the contractions of the contraction	d person or if there are no company's activities and a	members, the signature of ffairs:	
	0		
	<u>/_</u>	Lee H. Foels	57
Cionatura		Printed	Name

**FILING FEE: \$25.00**