

LO9000067808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200267863092

01/06/15--01008--008 **25.00

FILED
15 JAN -6 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1328 FL, 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:

Register **Ann Genet**
Division of Corporations

(Name of Person)

1328 FL, LLC

(Firm/Company)

8960 Clairton Ct

(Address)

Las Vegas Nevada 89117

(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Genet
(Name of Person)

at

702 838 4995
(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
1328 FL, LLC

2. The Articles of Organization were filed on 07/14/2009 and assigned
document number L09000067808

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 document is received for 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).

No assets/insolvent

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

activities and affairs: Paula Levand

No assets/insolvent c/o Ann Genet

4705 S Durango Dr 100-A1

Las Vegas Nevada 89147

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:

Paula Levand

Signature

Paula Levand

Printed Name

FILING FEE: \$25.00

15 JAN -6 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED