

LD9 000081572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

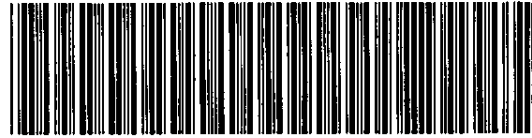
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SENEPOL OF SOUTH FLORIDA 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:

GUS ARMENAKIS

(Name of Person)

(Firm/Company)

7421 N UNIVERSITY DR SUITE 306

(Address)

TAMARAC, FL 33321

(City/State and Zip Code)

For further information concerning this matter, please call:

GUS ARMENAKIS

(Name of Person)

at (954) 721-8945

(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
SENEPOL OF SOUTH FLORIDA
2. The Articles of Organization were filed on 08/24/2009 and assigned
document number L09000081572
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).
SENEPOL OF SOUTH FLORIDA IS CLOSED, WE ARE NO LONGER
INVOLVED IN THE CATTLE BUSINESS.

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

GUS ARMENAKIS
7421 N UNIVERSITY DR STE 306
TAMARAC, FL 33321

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

GUS ARMENAKIS

FILING FEE: \$25.00

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JAN 15 2014
CLERK OF COURT