

109000082919

(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



700188930767

12/23/10--01015--031 **25.00

FILED
11 JAN 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 20 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2010

CSILLA HOLLO
13846 ATLANTIC BLVD, APT #405
JACKSONVILLE, FL 32225

SUBJECT: FUMCC -LLC
Ref. Number: L09000082919

FILED
11 JAN 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FUMCC -LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 410A00029833

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUMCC 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:

CSILLA HOLLO
(Name of Person)
FUMCC LLC
(Firm/Company)
13846 ATLANTIC BLVD APT # 405
(Address)
JACKSONVILLE, FL 32225
(City/State and Zip Code)

FILED
11 JAN 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CSILLA HOLLO at 904, 755-1125
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FUMCC LLC

2. The Articles of Organization were filed on 08.27.2009 and assigned document number

L09000082919

3. The date the dissolution was approved: 12.01.2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

I HAVE DECIDED TO FURTHER MY EDUCATION
PURSUAE A HEALTH CARE DEGREE

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

[Signature]

Printed Name

CSILLA HOLLO