

L09000 106 686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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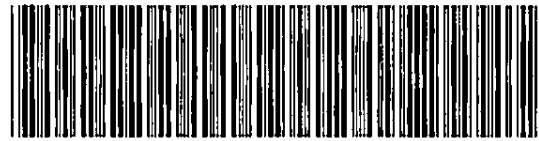
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 NOV 21 PM 4:00

Dissolution

DEC 19 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1025-1029 Fifth Avenue North, 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 H. Knott, Esq.

(Name of Person)

Knott Ebelini Hart

(Firm/Company)

1625 Hendry Street, Third Floor

(Address)

Fort Myers, FL 33901

(City/State and Zip Code)

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For further information concerning this matter, please call:

George H. Knott at 239 334-2722
(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**

1. The name of a limited liability company is
1025-1029 Fifth Avenue North, LLC
2. The Articles of Organization were filed on November 5, 2009 and assigned
document number L09000106686
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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
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).
The consent of all Members as contemplated in Section 605.0701(2), Florida Statutes.

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

Carol Keys, Manager and Member
Printed Name

FILING FEE: \$25.00

19 NOV 21 PM 4:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS