410000034849

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

Office Use Only



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MIN FEB 29 P 2: 03
SECRETARY OF STATE
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HAR 0 2 2016 , BRUCI TO:

Registration Section
Division of Corporations

SUBJECT:

The Andrea Building 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:

Kevin Marlow			
(Name of Person)			
(Firm/Company)			
1910 Park Meadows Drive STE 200			
(Address)			
Fort Myers, FL 33907			
(City/State and Zin Code)			

For further information concerning this matter, please call:

_{at} 239	ຸ209-5323	
		
	<u>ജന സ്</u>	1)
☐ \$55.00 Filing Certified Co	Fee, Certificate of Dissolutions py (additional copy is enclosed)	
	at ((Area Coo	Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIERADDRESS:

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 liabili	ty company is			
	The Andrea Building LLC			·	
2.	The Articles of Organization	were filed on 3/4/2010	and assigned		
	document number L1000002	4899			
3.	Note: If the date inserted in the	he dissolution if not effective on the date cannot be prior to or more than 90 days his block does not meet the applicable strive date on the Department of State's recovered.	atutory filing requirements, this date		
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to se 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).				o section	
	Real Property owned by entity	was sold, final proceeds distributed to pa	artners, final 2015 tax returns have b	een	
filed, and all business activity of entity has ceased.					
5	If there are no members, ent	er the name and address of the perso	n appointed to wind up the comr	nany's	
٥.	5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Michael Peterman			———	
1910 Park Meadows Drive STE 200					
		Fort Myers, FL 33907			
			.3388 .01888 .01888		
6.	Signature of an authorized p	erson or if there are no members, the	signature of the person appoint		
lis	ted above to wind up the con	erson or if there are no members, the pany's activities and affairs:	AIDA 10A	ָ כ	
		Michael Pe	lerman		
	Signature	1.110,10011 (1	Printed Name		
		FILING FEE: \$25.00			
		F11111U F.D.E. 323.00			

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Ine Andrea	Building LLC				
Document number of Limited Liability Company is: L10000024899					
Date of dissolution was: 2/29/2016					
Description of information that must be included in a written cla	aim:				
Date, detailed description of claim, detailed vendor in	voice, vendor W9, and				
Andrea Building LLC signed and approved purchase	order.				
	<u> </u>				
	- F F				
	ASS 22				
Mailing address where claims can be sent: (Claims cannot be se	nt to the Division of Corporations)				
Andrea Building LLC	STATE TORING				
1910 Park Meadows Drive S	Sec. Ead				
Fort Myers, FL 33907					
A claim against the above named limited liability company will claim is commenced within 4 years after the filing of this notice					
Michael Peterman					
Printed Name of the Person Filing	Signature of the Person Filing				