

40000080139

(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



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01/20/15--01022--012 **25.00

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2015 JAN 20 PM 4:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 30 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xtend Boynton Beach, 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:

Alice Abrams
(Name of Person)

(Firm/Company)

647 Sanctuary Dr
(Address)

Boca Raton, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Alice Abrams at (561) 866-8889
(Name of Person) (Area Code & Daytime Telephone Number)
1/15/15

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

Xtend Boynton Beach, LLC

2. The Articles of Organization were filed on 07/30/2010 and assigned

document number 27-3150629

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).

Business Sold 5/27/14

Name was changed

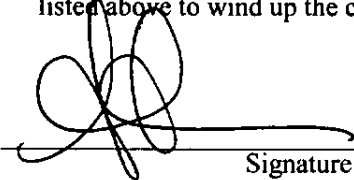
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Alice Abrams, Mgr
647 Sanctuary Dr
Boca Raton, FL 33431

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CLERK OF STATE
TALLAHASSEE FLORIDA

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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

Alice Abrams
Printed Name

FILING FEE: \$25.00