

L10000109359

(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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04/18/14--01009--002 **25.00

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2014 APR 18 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 22 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1617 NW 15 Place 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:

Steve Cassidy
(Name of Person)

1617 NW 15 Place LLC
(Firm/Company)

5401 SW 164th Terr
(Address)

SW Ranches, FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Cassidy at (954) 536-6113
(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

1617 NW 15 Place LLC

2. The Articles of Organization were filed on 4/12/12 and assigned

document number L10000109359

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).

I'm switching my property out of the LLC to my
name. Don't want the hassle of maintaining LLC

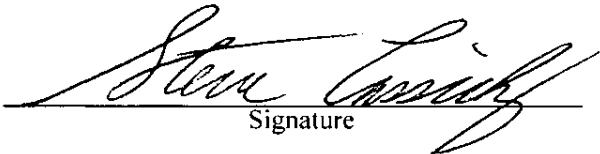
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Steve Cassidy

5401 SW 164th Terr

SW Ranches, FL 33331

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

Steve Cassidy
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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