

L11000009650

(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



100255862891

02/03/14--01031--017 **25.00

FEB - 4 2014

T CLINE

FILED
2014 FEB - 3 PM 3:58
SEATTLE, WA

MyCorporation®

23586 Calabasas Rd. Suite 102
Calabasas, CA 91302

Toll-Free 888-692-6773 | Fax 818-379-8005
Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

January 13, 2014

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Edge Project Management LLC

Ladies and Gentlemen:

Please find enclosed for filing dissolution documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation
23586 Calabasas Rd. Suite 102
Calabasas, CA 91302
ATTN: Post Formation Filings

FILED
2014 FEB 3 PM 3:59
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDGE PROJECT MANAGEMENT LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Post-Formation Filings

(Name of Person)

My Corporation Business Services, Inc.

(Firm/Company)

23586 Calabasas Rd., Suite 102

(Address)

Calabasas, CA 91302

(City/State and Zip Code)

FILED
2014 FEB -3 PM 4:09
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

For further information concerning this matter, please call:

Post Formations

(Name of Person)

at (877) 692-6772
(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
EDGE PROJECT MANAGEMENT LLC

2. The Articles of Organization were filed on 01/24/2011 and assigned document number
L11000009650

3. The date the dissolution was approved: 01/10/2014

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).

upon the written consent of all the members of the limited liability company.

5. **CHECK ONE:**

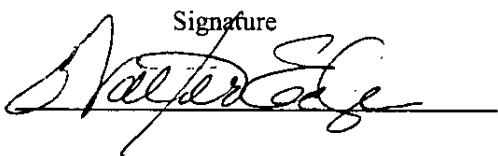
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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


Printed Name

Walter Edge, Member