

L 11 0000 17957

(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:

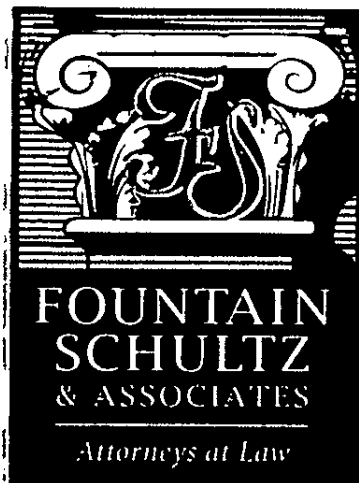
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14 JUL -3 AM 11:18
J. Stivers JUL 03 2014



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FLORIDA 32566
TEL: (850) 939-3535
FAX: (850) 939-3539
SANTA ROSA BEACH
TEL: (850) 622-2700
FAX: (850) 622-2722

June 30, 2014

VIA REGULAR US MAIL

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

RE: 428 St. Helens Ave. # B

Dear Sir or Madam:

Enclosed please find Articles of Dissolution as well as Notice of Limited Liability Company Dissolution for the above referenced entity and check # 1117 in the amount of \$25.00 for the filing fee.

Should you have any further questions or concerns please contact my office.

Thank you for your assistance.

Sincerely,

FOUNTAIN, SCHULTZ & ASSOCIATES, PL

Kerry Anne Schultz, Esquire
Attorney at Law

KAS/lrd
Enclosed as stated

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 428 St. Helens Ave. #B

(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:

Kerry Anne Schultz

(Name of Person)

Fountain, Schultz & Associates, P.L.

(Firm/Company)

2045 Fountain Professional Court, Suite A

(Address)

Navarre, FL 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Anne Schultz

(Name of Person)

850

939-3535

at ()

(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:

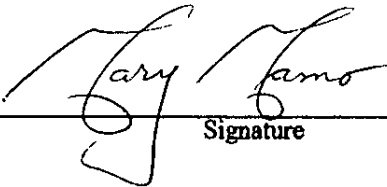
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
428 St. Helens Ave. #B
2. The Articles of Organization were filed on 02/11/2011 and assigned
document number L11000017957
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).
Upon unanimous consent of the member and pursuant to the Company's Operating
Agreement.
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

Gary Gamo

Printed Name

FILING FEE: \$25.00

FILED
16 JUL -3 AM 11:18