

LI000020287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

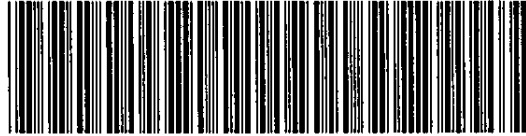
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700275492557

07/31/15--01028--005 \*\*25.00

FILED  
15 JUL 31 PM 4:32  
SECRETARY OF STATE  
TOLSON, FLORIDA

SEP 01 2015  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Property Operations, 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:

Thomas H. Killins  
(Name of Person)

(Firm/Company)

135 NE Olive Way  
(Address)

Boca Raton, FL 33432  
(City/State and Zip Code)

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15 JUL 31 PM 4:32  
RECEIVED  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Thomas H. Killins at (702) 371 3089  
(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

Property Operations, LLC

2. The Articles of Organization were filed on 2/16/2011 and assigned  
document number L11000020287

3. The delayed effective date the dissolution if not effective on the date of filing: July 19, 2015  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Financial Insolvency

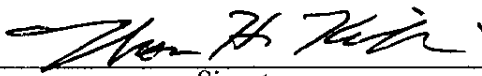
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Thomas H. Killins

135 NE Olive Way

Boca Raton, FL 33432

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

Thomas H. Killins  
Printed Name

**FILING FEE: \$25.00**

FILED  
15 JUL 31 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

## 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: Property Operations, LLC

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: July 19, 2015

Description of information that must be included in a written claim:

Total amount of indebtedness thru July 19, 2015  
Detailed description of calculation of amounts  
due and dates of each charge  
Documents with signature of member incurring  
indebtedness

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Thomas H. Killins  
135 NE Olive Way  
Boca Raton, FL 33432

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15 JUL 31 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Thomas H. Killins

Printed Name of the Person Filing

Thomas H. Killins

Signature of the Person Filing

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Craig S. Charnov

Name of Registered Agent

, hereby resigns as

Registered Agent for

Property Operations, LLC

Name of Limited Liability Company

L11000020287

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
15 JUL 31 PM 4:32  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Craig S. Charnov

Name of Registered Agent

, hereby resigns as

Registered Agent for Property Operations, LLC

Name of Limited Liability Company

L11000020287

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED  
15 JUL 31 PM 4:32  
PROPERTY OPERATIONS, LLC  
TALLAHASSEE, FL 32314

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

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P.O. Box 6327  
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