

02-01-18 04:13pm From-

T-187 P-01/03 F-450

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

LLC DISSOLUTION OR WITHDRAWAL
APAVA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY
FEB 2 2018

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 FEB -1 PM 2:08

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FEB 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APAVA, 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:

DAVID B. NORRIS, ESQ.

(Name of Person)

COHEN NORRIS, ET AL.

(Firm/Company)

712 U.S. HIGHWAY ONE, SUITE 400

(Address)

NORTH PALM BEACH, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

David B. Norris

(Name of Person)

at (561) 844-3600

(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**

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1. The name of a limited liability company is
APAVA, LLC

2. The Articles of Organization were filed on 03/25/2011 and assigned
document number L11000036437

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)
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.

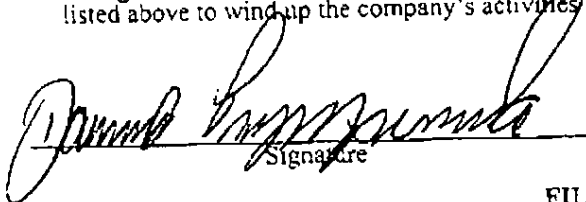
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
The company is no longer engaged in business.

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

3150 San Michele Drive

Palm Beach Gardens, Florida 33418

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

David A. Przysinda

Printed Name

FILING FEE: \$25.00