

L110000062879

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000101925 3)))



H140001019253ABCX

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To:

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

From:

Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305) 416-6800  
Fax Number : (305) 416-6811

RECEIVED

14 MAY -2 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL  
FX ICON C2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAY -2 AM 7:57

FILED

MAY -5 2013  
T. HAMPTON

((H14000101925 3))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FX ICON C2, 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:

Diane M. Hernandez

(Name of Person)

Adams Gallinar, P.A.

(Firm/Company)

1000 Brickell Avenue, Suite 300

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane M. Hernandez

(Name of Person)

305

416-6800

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

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
FX ICON C2, LLC

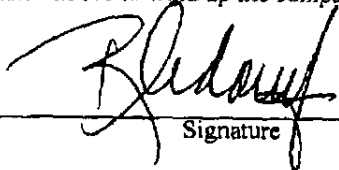
2. The Articles of Organization were filed on May 27, 2011 and assigned  
document number L11000062879

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).  
Sale of Asset

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

Authorized Representative  
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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