

L110000064845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

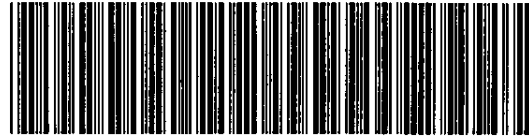
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/03/14--01003--001 **75.00

FILED

2014 MAR - 3 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL GUNTER MAR - 4 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brockett Condo, 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:

Tommy D. Permenter, Jr., Esquire

(Name of Person)

The Permenter Law Firm, P.A.

(Firm/Company)

2201 S.E. 30th Avenue, Suite 202

(Address)

Ocala, Florida 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esqu.

(Name of Person)

at 352 622-1811

(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

FILED
2014 MAR -3 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. The Articles of Organization were filed on June 2, 2011 and assigned
document number L11000064845

3. The delayed effective date the dissolution if not effective on the date of filing: _____

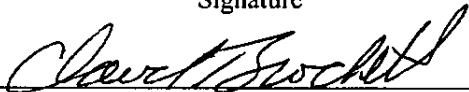
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Written consent of all the Members of the limited liability company.

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



Printed Name

Claudia M. Brockett, Trustee, Managing Member

FILING FEE: \$25.00