L11000091712

(Re	questor's Name)		
(Ad	dress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
	-	•	
(Document Number)			
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Certified Copies	Certificates	s of Status	
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Special Instructions to Filing Officer:			

Office Use Only



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2014 JAN 29 PM 11: 04 SLOVE LAST OF STATE.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

FLORIDA EXECUTIVE TITLE, 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:

Jonathan C. Benitah (Name of Person)		
(Firm/Company)		
17251 NE 6th Avenue		
(Address)		
Miami, FL 33162		
(City/State and Zip Code)		

For further information concerning this matter, please call:

Jonathan C. Benitah

at 305 401-0277

(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

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2014 JAN 29 PM H: 04

	A Environ Elaborit	SOME AND SAME SAME SAME		
1.	The name of a limited liability company is FLORIDA EXECUTIVE TITLE, LLC	SECHETANY OF STATE TALLAHASSEE, FLORIDA		
2.	The Articles of Organization were filed onAUGUST 1 document numberL11000091712	0, 2011 and assigned		
3.	3. The delayed effective date the dissolution if not effective on the date of filing: 1/31/14			
4.	A description of occurrence that resulted in the limited liabilit 605.0707, Florida Statutes, (copy 605.0707 on back cover lette The consent of all the Members.	y company's dissolution pursuant to section er).		
5.	If there are no members, enter the name and address of the peactivities and affairs:	rson appointed to wind up the company's		
6. ab	Signature of an authorized person or if there are no members, pove to wind up the company's activities and affairs:	the signature of the person appointed and listed		
	Signature	Printed Name		
	allua a Da	Allura A. Dov		
_	Signature	Printed Name		
<u>></u>		Jonathan C. Benitah		
	-			

FILING FEE: \$25.00