

L12000021645

(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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03/27/14--01012--023 **25.00

2014 MAR 28 3 16 PM

10:00 AM

B. BOSTICK
APR - 1 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

FOX VALLEY VENTURES

SUBJECT: _____
(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:

CONRAD CHASE

(Name of Person)

(Firm/Company)

52279 WEMBLEY DRIVE

(Address)

SOUTH BEND IN, 46637

(City/State and Zip Code)

For further information concerning this matter, please call:

CONRAD CHASE

310

753-2274

at ()

(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
FOX VALLEY VENTURES

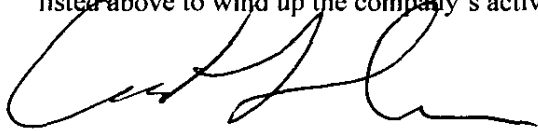
2. The Articles of Organization were filed on 2/14/2012 and assigned
document number L12000021645

3. The delayed effective date the dissolution if not effective on the date of filing: 3/30/2014
(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).
CLOSURE DUE TO INACTIVITY

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

Conrad Chase

Printed Name

FILING FEE: \$25.00