

L12000025214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

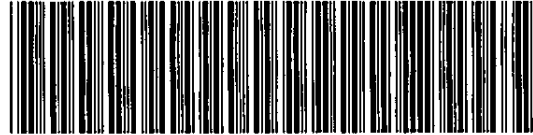
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/27/15--01005--023 \*\*25.00

FILED

2015 JAN 27 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Outglen

FEB - 4 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**AGENTE MLS, LLC**

**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:

**VICTOR BADELL**

\_\_\_\_\_  
(Name of Person)

**BADELL OFFICES LLC**

\_\_\_\_\_  
(Firm/Company)

**350 SOUTH MIAMI AVE, COM-A**

\_\_\_\_\_  
(Address)

**MIAMI, FL 33130**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**VICTOR BADELL**

**305**

**4987788**

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**

**FILED**

2015 JAN 27 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**AGENTE MLS, LLC**

2. The Articles of Organization were filed on 02/21/2012 and assigned  
document number L12000025214

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).  
**The company ceased doing business.**

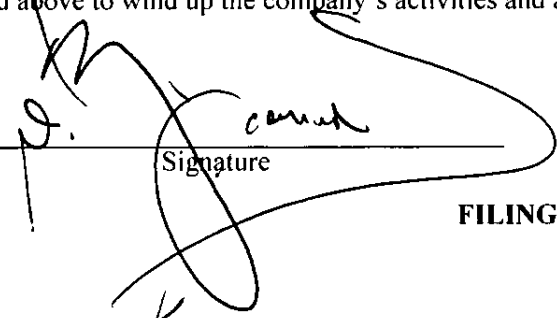
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: **VICTOR BADELL**

**350 SOUTH MIAMI AVE**

**COM-A**

**MIAMI, FL 33130**

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

**VICTOR BADELL**

Printed Name

**FILING FEE: \$25.00**