

L12000032138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

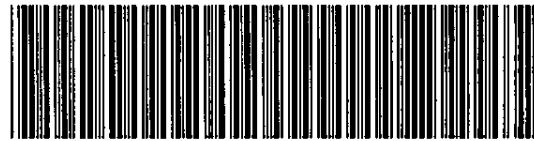
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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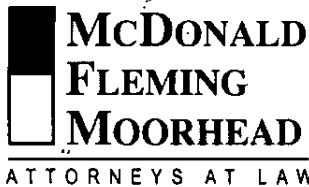
FILED

2017 JAN 12 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JAN 13 2017



REPLY TO:
WILLIAM A. BOND
DIRECT: (850) 202-8533
Fax: (850) 696-1854
wabond@pensacolalaw.com

WILLIAM A. BOND
MATTHEW A. BUSH
EDWARD P. FLEMING
PRESTON J. FORSHEE
JOHN A. FRAISER, JR.
R. TODD HARRIS
BELINDA B. DE KOZAN
BRUCE A. MCDONALD
BILL B. MCEACHERN
STEPHEN R. MOORHEAD
STEPHEN L. WALKER
KATHLYN M. WHITE

OF COUNSEL
MICHAEL L. FERGUSON

WILLIAM J. GREEN
(1943-2012)

January 6, 2017

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: ACAP of Ft. Myers, Florida, LLC
Our File No. WAB-12-5377

Dear Clerk:

Enclosed please find Notice of Dissolution of ACAP of Ft. Myers, Florida, LLC for filing, along with our check in the amount of \$35.00. ACAP of Ft. Myers, Florida, LLC was voluntarily dissolved effective December 28, 2016.

If you should need anything further, please let us know. We appreciate your assistance.

Sincerely,

William A. Bond

WAB/khg
Enclosures

Notice of Dissolution
of
ACAP of Ft. Myers, Florida, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Florida limited liability company submits the following notice for resolution of payment of unknown claims against this limited liability company pursuant to Section 605.0712, Florida Statutes:

1. The name of the limited liability company is ACAP of Ft. Myers, Florida, LLC.
2. The Articles of Organization were filed on March 6, 2012, and assigned document number L12000032138.
3. The effective date of the limited liability company's dissolution was December 28, 2016.
4. A claim against the limited liability company must state the name and address of the claimant and the nature and amount of the claim.
5. A claim against the limited liability company must be provided in writing to P.O. Box 762, Morgantown, WV 26507.
6. A claim against the limited liability company is barred unless an action to enforce the claim is commenced within four years after the filing of this notice.

Dated: December 9, 2016.


James L. Petitto, Manager

STATE OF WEST VIRGINIA
MONONGALIA COUNTY

I, AMBER K. SQUIRES, A NOTARY PUBLIC IN AND FOR THE STATE AFORESAID, DO HEREBY CERTIFY THAT ON THE 9TH DAY OF DECEMBER, 2016, BEFORE ME PERSONALLY APPEARED JAMES L. PETITTO, WHO SIGNED AND EXECUTED THE FOREGOING.

MY COMMISSION EXPIRES 11/12/2018

