

L120000 46833

(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



200352466752

09/23/20--01010--005 \*\*25.00

2020 SEP 23 PM 6:37  
FILED  
CLERK OF COURT  
JULIA A. HARRIS, CLERK

OCT 30 2020  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advisor Property Management, 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:

Colin Prest

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

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

PO Box 33243

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

Indianapolis, IN 46203

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

For further information concerning this matter, please call:

Colin Prest

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

321

482 1667

at (

\_\_\_\_\_) \_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Advisor Property Management, LLC

2. The Articles of Organization were filed on March 28, 2012 and assigned

document number L12000046833

3. The delayed effective date the dissolution if not effective on the date of filing: August 15, 2020  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Covid-19 resulted in reduction in business and is now not able to continue as a going concern.

Covid-19 resulted in reduction in business and is now not able to continue as a going concern.

Covid-19 resulted in reduction in business and is now not able to continue as a going concern.

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

COLIN PREST

Printed Name

**FILING FEE: \$25.00**

**FILED**  
2020 SEP 23 PM 6:37  
DEPARTMENT OF  
STATE  
TALLAHASSEE, FLORIDA