

L12000062262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

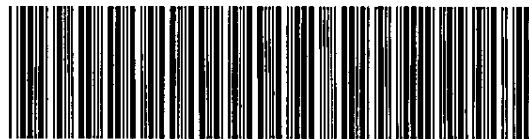
(Business Entity Name)

(Document Number)

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

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B. BOSTICK

FEB - 3 2015

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2390 WILTON DRIVE ,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:

HAROLD FELDBERG

(Name of Person)

2390 WILTON DRIVE ,LLC

(Firm/Company)

3100 N OCEAN BLVD 1601

(Address)

FORT LAUDERDALE ,FL 33308

(City/State and Zip Code)

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For further information concerning this matter, please call:

HAROLD FELDBERG

(Name of Person)

954

648-1024

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/COURIER ADDRESS:**

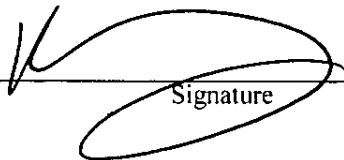
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301


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

1. The name of a limited liability company is  
2390 WILTON DRIVE ,LLC
2. The Articles of Organization were filed on 5/8/2012 and assigned  
~~MAY 8, 2012~~  
document number L12000062262
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 WENT OUT OF BUSINESS AND CLOSED..

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: HAROLD FELDBERG  
3100 N OCEAN BLVD 1601  
FORT LAUDERDALE  
FLORIDA 33308

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

  
Printed Name

*man  
member*

**FILING FEE: \$25.00**