

L120000081215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

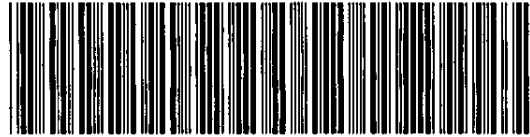
(Business Entity Name)

(Document Number)

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

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2014 DEC -8 PM 12:38  
TALLAHASSEE FLORIDA

DEC 12 2014  
3RUC

12/31/14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FAIRFIELD & CO., 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:

GISELLE DEL AMO

(Name of Person)

ROIG LAWYERS

(Firm/Company)

500 S. DIXIE HIGHWAY SUITE 302

(Address)

CORAL GABLES, FL 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

GISELLE DEL AMO

(Name of Person)

305

at (

503-2990

) (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

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TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

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

1. The name of a limited liability company is  
FAIRFIELD & CO., LLC
2. The Articles of Organization were filed on 6/19/2012 and assigned  
document number 455560920
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014  
(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).  
Pursuant to the Operating Agreement of the Company, the Company shall be  
dissolved by the written consent of an affirmative vote of a Majority Vote of the  
Members.
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

Robert Crawford

Printed Name

**FILING FEE: \$25.00**

EFFECTIVE DATE 12/31/14

2014 DEC - 8 PM 12: 38

FILED