

L1200008F426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

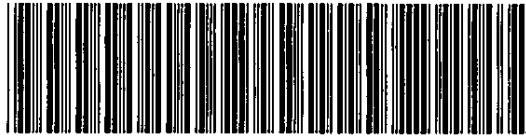
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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02/24/15--01018--019 \*\*25.00

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15 FEB 24 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers MAR 05 2015

LAW OFFICES  
CAMP & CAMP, P.A.

111 SOUTHEAST 12TH STREET (DAVIE BOULEVARD)  
FORT LAUDERDALE, FLORIDA 33316-1813

TELEPHONE (954) 524-8111  
FAX (954) 524-2661  
E-MAIL: JDCAMP3@CAMPANDCAMPLAW.COM

February 20, 2015

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

Re: 505 Idlewyld, LLC  
Document Number: L12000088426

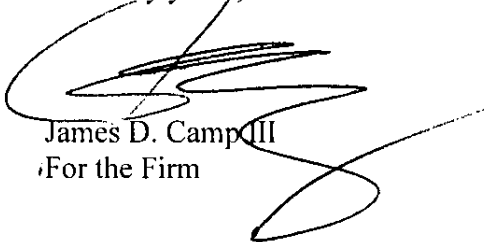
Dear Sir/Madam:

In accordance with your instructions regarding dissolution of a limited liability company, enclosed please find the following:

1. Cover Letter.
2. Articles of Dissolution for a Limited Liability Company executed by Joseph F. Fallon, Manager.
2. Check #4724 in the amount of \$25.00 payable to Department of State representing the dissolution fee.

Should you have any questions or require anything additional, please do not hesitate to contact our office.

Sincerely yours,



James D. Camp III  
For the Firm

JDCIII/slf  
Enclosures  
cc: Joseph F. Fallon

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 505 IDLEWYLD 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:

JOSEPH F. FALLON  
\_\_\_\_\_  
(Name of Person)

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

ONE MARINA PARK DRIVE  
\_\_\_\_\_  
(Address)

BOSTON, MA 02210  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH F. FALLON at ( 617 ) 966-0555  
\_\_\_\_\_  
(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

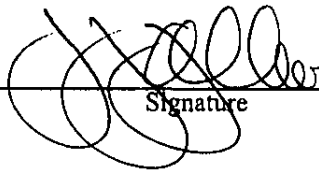
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
505 IDLEWYLD LLC
2. The Articles of Organization were filed on JULY 6, 2012 and assigned  
document number L12000088426
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).  
CONSENT OF SOLE MEMBER, JOSEPH F. FALLON
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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TALLAHASSEE FLORIDA  
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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

JOSEPH F. FALLON

Printed Name

**FILING FEE: \$25.00**