L12000124102

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COVER LETTER

SUBJECT: AMEWSD, 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: $RROMA RROMA RROM$	
MARK L, BROWN (Name of Person) AMEWSD, LLC (Firm/Company) 6370 KEMBERLY BLVD, (Address)	SECANI TALLAN
(Address) NORTH LAUDERDALG, FL 33 068 (City/State and Zip Code) For further information concerning this matter, please call:	26 AM STUT
MARK L. BROWN at (954) 609-6 (Name of Person) (Area Code & Daytime Telephone Nu	902 mber)
Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2015

MARK L BROWN AMEWDS, LLC 6370 KIMBERLY BLVD NORTH LAUDERDALE, FL 33068

SUBJECT: AMEWSD, LLC Ref. Number: L12000124102

We have received your document for AMEWSD, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 615A00009533



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is AMEN/SD
2. The Articles of Organization were filed on $\frac{9/8/2012}{}$ and assigned
document number <u>L12000124102</u>
3. The delayed effective date the dissolution if not effective on the date of filing: 7/1/2015 (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).
MUTUAL AGREEMENT OF ALL OFFICERS TO
DISSOLVE THE COMPANY,
2 N
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: MARK L. BROWN
6370 KIMBERLY BLYD.
NORTH LAUDERDALE, FL 33068
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:
Mark L. Brown Signature MARK L. BROWN Printed Name

FILING FEE: \$25.00