

L12000 135208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

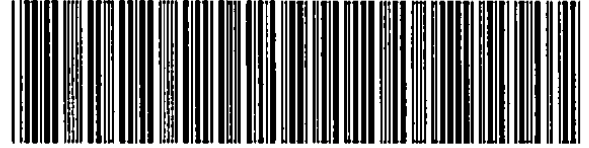
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300345421233

05/29/20--01003--003 ++25.00

2020 MAY 29 PM 4:00

FILED

Ant CUS
Diss

JUN 1 6 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McCormick-DeFuniak Apartments,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:

L Michael Osman

(Name of Person)

L. Michael Osman,P.A.

(Firm/Company)

1474-A West 84 Street

(Address)

Hialeah,FL 33014-3363

(City/State and Zip Code)

For further information concerning this matter, please call:

L. Michael Osman

305

823-1401

at ()

(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 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**

FILED
2020 MAY 29 PM 4:00

1. The name of a limited liability company is
McCormick- DeFuniak Apartments, LLC

2. The Articles of Organization were filed on October 24, 2012 and assigned
document number L12000135208

3. The delayed effective date the dissolution if not effective on the date of filing: upon filing
(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).

The Company sold all of its assets and liquidated all capital to its members

The Company sold all of its assets and liquidated all capital to its members

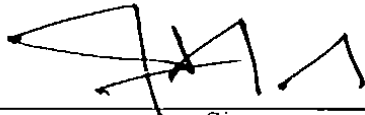
The Company sold all of its assets and liquidated all capital to its members

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: L. Michael Osman

1474-A. West 84 Street

Hialeah, FL 33014-3363

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

L. Michael Osman

Printed Name

FILING FEE: \$25.00