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6/2/15

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



COVER LETTER

Division of Corporations						
SUBJECT: ICM Futures Str	ategy 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:						
	-					
Anthony L Bazile						
(
Intrinsic Copital Waragement						
(Firm/Company)						
270 Saugatick AvE						
(Addı	ress)					
WESTROET, CT OURRO						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Anthony L Bozile (Name of Person)	"(917 \ S18-5U58					
(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)					
MAN ING ADDRESS	CERTIFICATION A PROPERTY					
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2015 JUN -8 AM 11: 53

1. The name of a limited liability		\		SECRETARY OF STATE
ICM FU	tues st	atequ	LLC	TALLAHASSEE, FLOR
2. The Articles of Organization			612	and assigned
document number				
3. The delayed effective date the (effective date) Note: If the date inserted in the listed as the document's effective date.	is block does not mee	et the applicable	e statutory filing red	ocument is received for filing) quirements, this date will not be
4. A description of occurrence to 605.0707, Florida Statutes, (c	that resulted in the	limited liabili	ty company's diss	solution pursuant to section
Volunter, le	Chasse		Mmil	
	<u> </u>		- pang	
		· · · · · · · · · · · · · · · · · · ·		
5. If there are no members, enter activities and affairs:		•	rson appointed to L. Bazile	
		J	spital N	
	270	Savgo	atuck An	E
	west	TPORT,	CT 008	80
6. Signature of an authorized polisted above to wind up the com	erson or if there are pany's activities an	no members, nd affairs:	the signature of t	the person appointed and
X RA			Anthon	J L Bazile
Signature			Printed 1	Vame

FILING FEE: \$25.00