

L12000/53883

(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:

Wongform

Office Use Only



300266154323

11/19/14--01014--007 **43.75

FILED
14 DEC 10 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 15 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DSCOLA COUNTY MANAGEMENT, 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:

SIMON BENSMIL

(Name of Person)

(Firm/Company)

4972 EBENSBURG DRIVE

(Address)

TAMPA, FL, 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

SIMON BENSMIL

(Name of Person)

at (224) 392-0283

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 DEC 10 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

December 2, 2014

SIMON BENSMAIL
43721 EBENSBURG DR
TAMPA, FL 33647

SUBJECT: OSCEOLA COUNTY MANAGEMENT LLC
Ref. Number: L12000153883

We have received your document for OSCEOLA COUNTY MANAGEMENT LLC and your check(s) totaling \$43.75. 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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 114A00025331

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

1. The name of a limited liability company is

OSCEOLA COUNTY MANAGEMENT, LLC

2. The Articles of Organization were filed on 10/31/2014 and assigned

document number L12000153883

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).

NO BUSINESS WHATSOEVER HAS BEEN DONE WITH THIS LLC
NO NEED TO MAINTAIN THIS LLC ACTIVE

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

SIMON BENSMAIL
Printed Name

FILING FEE: \$25.00

FILED
14 DEC 10 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA