

L17000007059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

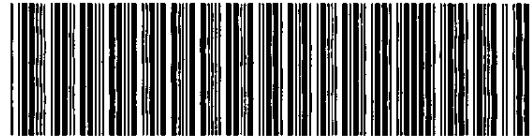
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/14--01000--007 **25.00

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14 OCT 31 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SZ Asset Company, 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:

Ann Marie Rock

(Name of Person)

SZ Asset Company, LLC

(Firm/Company)

3420 Fairlane Farms Rd, Suite 200

(Address)

Wellington, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Marie Rock

(Name of Person)

at (

561

)

515-8021 ext 2551

(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
SZ Asset Company, LLC
2. The Articles of Organization were filed on January 14, 2013 and assigned
document number L13000007059
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 longer conducting business in Florida

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____
Ann Marie Rock
3420 Fairlane Farms Rd, Suite 200
Wellington, FL 33414
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

Ann Marie Rock
Printed Name

FILING FEE: \$25.00

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