

L13000034560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

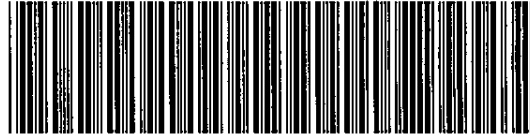
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500269141555

02/19/15--01008--019 **25.00

FILED
2015 FEB 19 PM 3:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 23 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3712 19th AVENUE SOUTH 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:

FERNANDO FARCI
(Name of Person)

PROSPERITY VALUE LLC
(Firm/Company)

9525 BLIND PASS ROAD, #204
(Address)

ST. PETE BEACH, FLORIDA, 33706
(City/State and Zip Code)

For further information concerning this matter, please call:

FERNANDO FARCI at (727) 415-4299
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2015 FEB 19 PM 3:48
TALLAHASSEE, FL
SECRETARY OF STATE

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

1. The name of a limited liability company is

3712 19th AVENUE SOUTH, LLC

2. The Articles of Organization were filed on MARCH 06, 2013 and assigned

document number L13000034560

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).

THE PROPERTY THE CORPORATION WAS CREATED FOR IS
NO LONGER AVAILABLE AND OPERATIONAL -
DISSOLUTION IS REQUESTED.

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

FERNANDO FARCI
9525 BLIND PASS ROAD, #204
ST. PETE BEACH, FLORIDA, 33706

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

FERNANDO FARCI
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
ALABAMA SECRETARIAT
FEB 13 PM 3:14

FILED