

L13000079901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

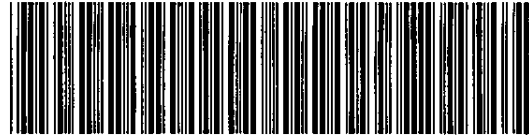
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/02/14--01005--011 **25.00

FILED

2014 MAY -2 PM 12:23

SECONDARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. MAY - 8 2014

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.102 FAX: (800) 388-0330
EMAIL: vsalazar@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REQUEST FILING SERVICE

DATE: April 22, 2014

FROM: JENNY CHACON

Client Matter:

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **Authentic Property Management LLC**

Enclosed is one of the following: **(1) Articles of Dissolution- LLC**

Return request with filing: **(1) Plain Endorsed Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.**
5668 E. 61ST STREET
COMMERCE, CA 90040**

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):

Check #736235

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Authentic Property 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:

Victoria Salazar

(Name of Person)

Attorney's Corporation Service Inc.

(Firm/Company)

5668 E 61st Street

(Address)

Commerce, CA 90040

(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Salazar

(Name of Person)

800

462-5487

at ()

(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

2014 MAY -2 PM 12: 23

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
AUTHENTIC PROPERTY MANAGEMENT LLC
2. The Articles of Organization were filed on 06/03/2013 and assigned
document number L13000079901
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).
They are no longer operating the property management business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Nathan Bruce
17 Oakridge Rd
Bloomfield, NJ 07003

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

Nathan Bruce

Printed Name

FILING FEE: \$25.00