

L13 000082427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

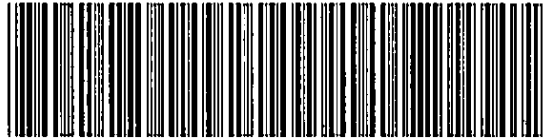
(Business Entity Name)

(Document Number)

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07/27/20--01076--019 \*\*25.00

FILED  
SEP 27 2010  
STATE OF  
NEW YORK

*Dissolution*

SEP 27 2010

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Volker Eckhoff 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:

Lilliane Anderson  
(Name of Person)  
Lm Accounting, Inc  
(Firm/Company)  
1136 NE Pine Island Road #15  
(Address)  
Cape Coral FL 33909  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lilliane Anderson at (239) 513-0002  
(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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 JUL 27 AM 11:12

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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

1. The name of a limited liability company is

Volker Eckhoff LLC

2. The Articles of Organization were filed on June 6, 2013 and assigned

document number L13000082427

3. The delayed effective date the dissolution if not effective on the date of filing: 7/31/20  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

All operating activities ceased, Assets sold +  
company closed.

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

Volker Eckhoff  
2227 SE 19th place  
Cape Coral, FL 33990

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

ECKHOFF

Printed Name

**FILING FEE: \$25.00**