

L130000097352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

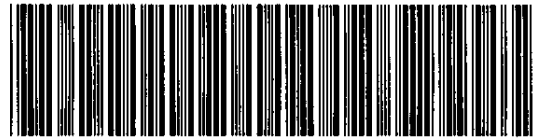
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consolidated Properties of Washington Street, 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:

Joseph Siska

(Name of Person)

Port Consolidated, Inc.

(Firm/Company)

PO BOX 350430

(Address)

Fort Lauderdale, FL 33335

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Siska

(Name of Person)

954

377-1010

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

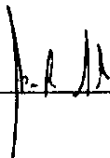
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Consolidated Properties of Washington Street, LLC
2. The Articles of Organization were filed on 7/9/2013 and assigned
document number L13000097352
3. The delayed effective date the dissolution if not effective on the date of filing: 7/1/2014
(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).
Business was never started.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Joseph Siska
PO BOX 350430
Fort Lauderdale, FL 33335
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

Joseph R. Siska

Printed Name

FILING FEE: \$25.00

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CLERK OF COURT
STATE OF FLORIDA
NORTH DARIEN COUNTY