

L13000116588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KEYLINK NATIONAL TITLE 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:

BARRY M. SICKLES, ESQ

(Name of Person)

LAW OFFICE OF BARRY M. SICKLES

(Firm/Company)

10100 W SAMPLE ROAD, SUITE 404

(Address)

CORAL SPRINGS, FLORIDA 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

BARRY M. SICKLES, ESQ.

(Name of Person)

at ( 954 ) 255 7360

(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  
KEYLINK NATIONAL TITLE, LLC.
2. The Articles of Organization were filed on 08/19/2013 and assigned  
document number L13000116588
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).  
NEVER STARTED DOING BUSINESS AND MADE BUSINESS DECISION TO DISSC  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

BARRY M. SICKLES, MANAGING MEM

Printed Name

**FILING FEE: \$25.00**

2015 JAN - 6 PM 12: 00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**