

L17000 121165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

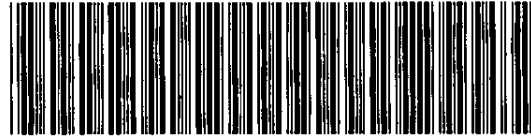
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/06/14--01015--024 **25.00

FILED
14 OCT -6 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Record Receipt

Date: September 30, 2014

Attention To: Florida Department of State

Ref: Dissolving LLC- AVM ATHLETICS LLC

From: Mario B. Costa

Enclosed you will find the following documents(s):

Contact Information:

*Mario B. Costa
1500 SW 98th Ave
Pembroke Pines, FL 33025
305-978-1621*

Thank You.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVM ATHLETICS, 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:

Mario B. Costa

(Name of Person)

AVM ATHLETICS, LLC

(Firm/Company)

1500 SW 98TH Avenue

(Address)

Pembroke Pines, FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

Mario B. Costa

(Name of Person)

at (305) 978-1621

(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

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

1. The name of a limited liability company is

AVM ATHLETICS, LLC

2. The Articles of Organization were filed on 08/27/2013 and assigned

document number L13000121165

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)

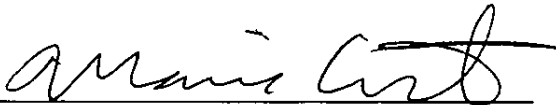
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The partnership is dissolving. Do not want to be in business together with partner

anymore.

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

Mario B. Costa

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA