

L13000122575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

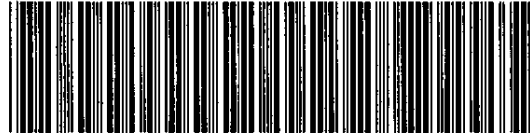
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 10 PM 2:12

C.L.  
3-27-15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Monroe Law, P.L.

**SUBJECT:** \_\_\_\_\_  
(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:

Andromeda Monroe

\_\_\_\_\_  
(Name of Person)

2645 Executive Park Drive, #317

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

Weston, FL 33331

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andromeda Monroe

954

648-7104

\_\_\_\_\_  
(Name of Person)

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAR 10 PM 2:12

1. The name of a limited liability company is  
Monroe Law, P.L.

2. The Articles of Organization were filed on 08/29/2013 and assigned  
document number L13000122575

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 consent of all members

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

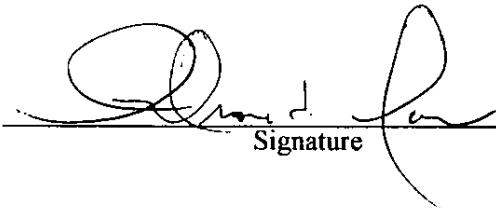
Andromeda Monroe

45 81 Weston Road

#205

Weston, FL 33331

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

Andromeda Monroe

Printed Name

**FILING FEE: \$25.00**