

L13000 136 051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000337301770

11/22/19--01092--015 \*\*\$55.00

FILED  
CLERK OF STATE  
OFFICE OF CORPORATIONS  
19 NOV 22 PM 5:18

*Dissolution*

DEC 19 2019  
D CUSHING

FERRANTE & ASSOCIATES  
ATTORNEYS AT LAW

126 Prospect Street - Cambridge, Massachusetts 02139  
Telephone 617-868-5000  
Fax 617-868-2519

November 21, 2019

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

***Re: The Continental Groups, LLC – Florida Document # L13000136051  
Articles of Dissolution for a Limited Liability Company***

Dear Sir or Madam:

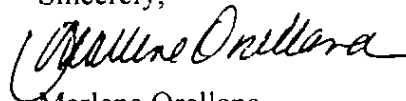
Enclosed please find the following documents in connection to Articles of Dissolution for a Limited Liability Company on behalf of The Continental Groups, LLC:

1. A cover letter;
2. One (1) fully executed **and** one (1) copy of Articles of Dissolution for a Limited Liability Company;
3. Check No. 19448 in the total amount of \$ 55.00 representing payment for the filing fee and one (1) certified copy; and
4. A self-addressed stamped envelope for the return of the certified copy.

Kindly arrange to file the above application.

If you have any questions or need additional information, you may contact me by e-mail at [mo@ferranteandassociates.com](mailto:mo@ferranteandassociates.com) or by telephone at (617) 868-5000 ext. 224.

Sincerely,



Marlene Orellana  
Paralegal

Enclosures

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 22 PM 5:18

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE CONTINENTAL GROUPS, 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:

Marlene Orellana

(Name of Person)

Ferrante & Associates

(Firm/Company)

126 Prospect Street

(Address)

Cambridge, MA 02139

(City/State and Zip Code)

For further information concerning this matter, please call:

Marlene Orellana

(Name of Person)

at ( 617 )

868-1197  
(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  
\_\_\_\_\_ **THE CONTINENTAL GROUPS, LLC** \_\_\_\_\_
2. The Articles of Organization were filed on \_\_\_\_\_ **09/25/2013** \_\_\_\_\_ and assigned  
document number \_\_\_\_\_ **L13000136051** \_\_\_\_\_
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_ **11/21/2019** \_\_\_\_\_  
(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).

\_\_\_\_\_  
**THE WRITTEN 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: \_\_\_\_\_ **MICHAEL NATALE, 1855 GRIFFIN RD, STE A-330, DANIA BEACH, FL 33004** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 22 PM 5:18**

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:

DocuSigned by:

*Mike Natale*

Signature

\_\_\_\_\_  
**MICHAEL NATALE**

Printed Name

**FILING FEE: \$25.00**