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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

610 CLEMATIS REALTY 638 LLC SUBJECT:					
(Name of Limited Liability Company)					
The enclosed A	Articles of Dissolution and fee(s) are submit	ted for filing.			
Please return a	ill correspondence concerning this matter to	the following:			
	GARY LERMAN				
	(Nai	me of Person)			
	GARY LERMAN CPA, PLLC				
	(Firm/Company)				
	PO BOX 528				
	(Address)				
	SOMERS, NY 10589				
	(City/Sta	ite and Zip Code)			
For further inf	formation concerning this matter, please call	:			
GAR	Y LERMAN	914 at (277-8689		
	(Name of Person)		de & Daytime Telephone Number)		
Enclosed is a ch	eck for the following amount:				
■ \$25.00 Filing Fee and Certificate of Dissolution			Fee, Certificate of Dissolution & opy (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration S Division of C The Centre o 2415 N. Mon Tallahassee, I	Section Corporations f Tallahassee aroe Street, Suite 810		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited 610 CLEMATIS REALT		
2. The Articles of Organi	zation were filed on OCTOBER 1.	2013 and assigned
document number L13	000138568	
(eff Note: If the date inserte		in 90 days later than date document is received for filing) dicable statutory filing requirements, this date will not be
4. A description of occurr 605.0707, Florida Statu PROPERTY SOLD	rence that resulted in the limited l tes. (copy 605.0707 on back cove	iability company's dissolution pursuant to section reletter).
PROPERTY SOLD		
PROPERTY SOLD		
5. If there are no member activities and affairs:	s, enter the name and address of t	he person appointed to wind up the company's
	PO BOX 528	
	SOMERS, NY 10589	100 R.
 Signature of an authori above to wind up the com 	zed person or if there are no men pany's activities and affairs:	bers, the signature of the person appointed and listed
96		ARY LERMAN FOR 610 CLEMATIS REALTY 638 CL
// Signatu	re	Printed Name

FILING FEE: \$25.00