

L13000164027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

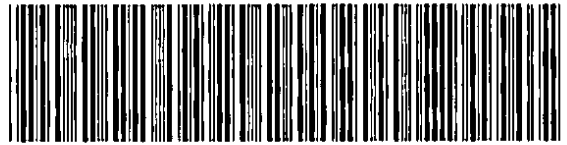
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2023 FEB 15 AM 9:17

STATE
TALLAHASSEE, FL

RECEIVED

2023 FEB 15 PM 2:40

DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

of 2/16/2023

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/15/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1119557

ORDER ENTITY
BROCKETT 50, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BROCKETT 50, LLC (FL)

File the attached dissolution document and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brockett 50, 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:

Maria Kenigsberg

(Name of Person)

Chulak & Teeson, P.C.

(Firm/Company)

120 S. Riverside Plaza, Suite 1700

(Address)

Chicago, Illinois 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Kenigsberg

312 855-5442

at ()

(Name of Person)

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2023 FEB 15 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

Brockett 50, LLC

2. The Articles of Organization were filed on November 22, 2013 and assigned

document number ~~L13000164027~~ L13000164027

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)

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).

Existence of limited liability company no longer needed.

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:

William R. Brockett
Signature

William R. Brockett

Printed Name

FILING FEE: \$25.00