

L14 0000 06488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

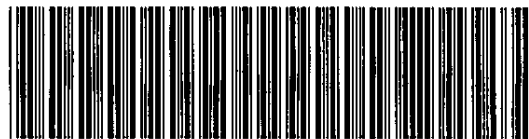
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/02/14--01003--016 **25.00

FILED
14 APR -2 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers APR 04 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFOCUS REI 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:

Christopher Cotsonas
(Name of Person)

(Firm/Company)

762 Cavern Ter
(Address)

Sebastian, FL 32958
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Cotsonas at 772 646-5678
(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/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

INFOCUS REI LLC

2. The Articles of Organization were filed on JANUARY 8th 2014 and assigned

document number L14000006488

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).

Due to a medical condition I was unable
to successfully launch my business venture

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

Christopher Cotsonas

762 Cavern Ter

Sebastian, Florida 32958

6. Signature of an authorized person or if there are no members, the signature of the person appointed as listed above to wind up the company's activities and affairs:



Signature

Christopher Cotsonas

Printed Name

FILING FEE: \$25.00

14 APR - 2 PM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED