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4/8/2015

L140000039360

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, P.A.  
Account Number : I20140000065  
Phone : (305)371-5758  
Fax Number : (305)371-3178

LLC DISSOLUTION OR WITHDRAWAL  
WEST FONTAINE 111, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

15 APR 10 AM 10:00

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T. HAMPTON

HTS0000845283

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WEST FONTAINE 111, 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:

Mark M. Hasner

(Name of Person)

Therrel Balsden, P.A.

(Firm/Company)

One SE Third Avenue, Ste 2950

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call

Mark M. Hasner, Esq.

(Name of Person)

305 371-5758

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

#150000845253

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

1. The name of a limited liability company is  
WEST FONTAINE 111, LLC
2. The Articles of Organization were filed on March 7, 2014 and assigned  
document number L14000039360
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).  
No longer engaged in business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

  
SignatureRENE G. FERNANDEZ  
Printed Name

FILING FEE: \$25.00

**FILED**  
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TALLAHASSEE, FLORIDA