

L140000031978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

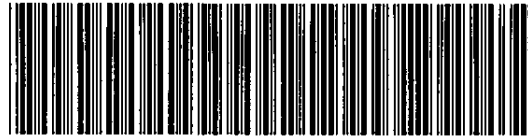
(Business Entity Name)

(Document Number)

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15 JAN 15 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 27 2015  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DISCONTINUE LLC

**DOCUMENT NUMBER:** L 14000051978

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS B. WATSON

(Name of Contact Person)

INCA PROPERTIES, LLC

(Firm/Company)

14100 TAMiami TRLE LOT 438

(Address)

NAPLES, FL 34114

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Thomas B. Watson

(Name of Contact Person)

at (517)

(Area Code)

676-1040

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

(Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment 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

INCA PROPERTIES, LLC

2. The Articles of Organization were filed on 03/31/2014 and assigned

document number L14000051978

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 ACTIVITY OF ANY SORT.

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

THOMAS B. WATSON

TAX RETURNS UNLIMITED INC  
14100 TAMiami TRLE - LOT 438  
NAPLES FL 34114

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:

Thomas B. Watson

Signature

THOMAS B. WATSON

Printed Name

**FILING FEE: \$25.00**

15 JAN 15 3:16  
SECRETARY OF STATE  
TAMPAH, FLORIDA

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