

L14000108185

(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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07/02/15--01005--014 **25.00

FILED

2015 JUL -2 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FL 32399

JUL 07 2015

Y SULKER

This check was never cashed. April 29/15
BoFA check 1025 for \$25.00 enclosed.
819

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Matgeo Property Management 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:

Dorothy SARACINO
(Name of Person)

Matgeo Property Management LLC
(Firm/Company)

P.O. Box 894, (3245 E 10th St #208)
(Address)

DANIA FL. 33004
(City/State and Zip Code)

For further information concerning this matter, please call:

Dorothy SARACINO at (954) 929-4636
(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

Matgeo Property Management LLC

2. The Articles of Organization were ~~filed on~~ never received or ^{filed} and assigned

document number / L14000108185

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):

It was started by Alexander Johnson but never
finalized or used by Dorothy Saracino
It was dated July 8, 2014

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

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:

Dorothy Saracino
Signature

Dorothy SARACINO
Printed Name

FILING FEE: \$25.00

FILED

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

2015 JUL -2 AM 11:34
FILED
RECEIVED
FALL AHSB SEC REC