

L14000124535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

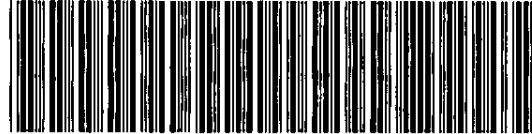
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267468420

01/12/15--01032--015 **25.00

FILED
2015 JAN 12 PM 2:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 23 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIFTH AT BEACH, 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:

BENTON RUDOLPH

(Name of Person)

(Firm/Company)

215 5TH AVE N.E.

(Address)

ST PETERSBURG, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

BENTON RUDOLPH

(Name of Person)

at 727 698 0267

(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)

2015 JAN 12 PM 2:58
TALLHASSEE FLORIDA
SECRETARY OF STATE

FILED

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

(1113-7984)

1. The name of a limited liability company is

FIFTH AT BEACH, LLC

2. The Articles of Organization were filed on AUGUST 7, 2014 and assigned

document number L14000124535

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).

BUSINESS PURPOSE COMPLETED

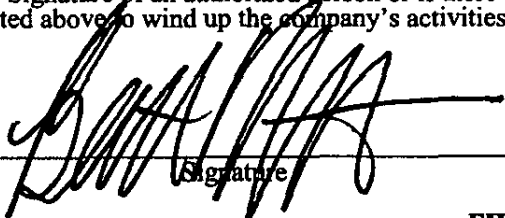
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

BENTON RUDOLPH

215 5TH AVE NE

ST PETERSBURG FL 33701

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:



BENTON RUDOLPH

Printed Name

FILING FEE: \$25.00

2015 JAN 12 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED