L14000/5/00/

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(Re	equestor's Name)			
(Ac	idress)			
•	•			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

15 MAR 13 PM 1:51 SECRETARY DE STATE

1.2-37.3

T. HAMPTON

COVER LETTER

	ation Section of Corporations			
SUBJECT:	MPLEX OF SW FLORIDA LLC			
SUBJECT.	(Name of Limited L	iability Compan	y)	
The enclosed Art	icles of Dissolution and fee(s) are submitted f	for filing.		
Please return all	correspondence concerning this matter to the	following:		
	SAILY ALMAGUER			
(Name of Person)				
SIMPLEX OF SW FLORIDA LLC				
(Firm/Company)				
4628 26 ST SW				
(Address)				
LEHIGH ACRES, FL 33973				
•	(City/State an	nd Zip Code)		
For further inform	nation concerning this matter, please call:			
SAILY	Y ALMAGUER	239	491-5488	
	(Name of Person)		de & Daytime Telephone Number)	
Enclosed is a check	k for the following amount:			
✓ \$25.00 F	iling Fee and Certificate of Dissolution		g Fee, Certificate of Dissolution & opy (additional copy is enclosed)	
	MAILING ADDRESS:		EET/COURIER ADDRESS:	
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	P.O. Box 6327		n Building	
	Tallahassee, FL 32314	2661	Executive Center Circle nassee, FL 32301	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The name of a limited liability com SIMPLEX OF SW FLORIDA	• •	
2. The Articles of Organization were t	filed on SEPT26 2014 and assi	gned
document number L1400015100	01	
. The delayed effective date the disso (effective date cann	olution if not effective on the date of filing: not be prior to or more than 90 days later than date document is	received for filing)
. A description of occurrence that res 605.0707, Florida Statutes, (copy 60 VOLUNTARY DISSOLUTION	•	pursuant to section
If there are no members, enter the nactivities and affairs:	ame and address of the person appointed to wind up	o the company's
Signature of an authorized person o	or if there are no members, the signature of the person activities and affairs:	on appointed and
sted above to wind up the company's	SAILY ALMAGUER	
Signature	Printed Name FILING FEE: \$25.00	15 MAR 13 PM 1:51 SECRETARY OF STATE TALLARIASSEE FLORID.