

L14000160786

(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



600268709356

02/18/15--01004--003 **25.00

FILED
15 FEB 18 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZ Living Apts., 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:

Helga Nejedly
(Name of Person)

(none)
(Firm/Company)

904 E. 11th Ave
(Address)

NSB FL 32169
(City/State and Zip Code)

For further information concerning this matter, please call:

Helga Nejedly at (386) 409-2202
(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

EZ Living APTS

2. The Articles of Organization were filed on 9/22/2014 and assigned

document number L14000160786

3. The delayed effective date the dissolution if not effective on the date of filing: 2/28/2015
(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).

We set up the LLC to protect us from frivolous
law suits in the event tenants or guests sued us personally
as owners. It thurned out the LLC prevented up from
getting approved for the next 2 investment properties that we bought.

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

MGRM-Helga Nejedly

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:

Helga Nejedly

Signature

Helga Nejedly

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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: EZ Living APTS

Document number of Limited Liability Company is: L14000160786

Date of dissolution was: 2/28/2015

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

As far as I am aware, there are no claims.
No minutes have transpired since the start of the LLC
nor is there an annual report to file.
The LLC was filed but never got up and running
therefore only existed in name not function.

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

904 E 11th Ave
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TALLAHASSEE, FLORIDA

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.

Helga Nejedly
Printed Name of the Person Filing

Helga Nejedly
Signature of the Person Filing

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