L14 000164876

(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

200265713962

10/30/14--01023--007 **25.00

FILED
14 OCT 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 31 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMG HOMES 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:

ANA MARIA GUIMARAES
(Name of Person)

(Firm/Company)

5036 DR PHILLIPS BLVD # 183
(Address)

ORLANDO, FL 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

ANA MARIA GUIMARAES at (954) 696-1886
(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

AMG HOMES LLC

2. The Articles of Organization were filed on OCTOBER 22, 2014 and assigned

document number L14000164870

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).

DO NOT NEED THE LIMITED LIABILITY COMPANY FOR THE INTENDED PURPOSE

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

ANA MARIA GUIMARAES

5036 DR. PHILLIPS BLVD # 183

ORLANDO, FL 32819

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:

Ana Maria Guimarães
Signature

ANA MARIA GUIMARAES
Printed Name

FILING FEE: $25.00

FILED
14 OCT 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA