

L15 0 06019264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

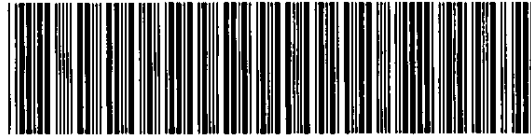
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 NOV 16 AM 8:28  
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TALLAHASSEE, FLORIDA

Date: 11/16/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: A245144

ENTITY NAME: AMH 403, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: **CERTIFIED COPY**

Authorized Amount: \$55

Signature: Michelle Walker

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☒ Other: CERTIFIED COPY

Authorized Amount: \$ 55

Signature: Michelle Walker

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMH 403, 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:

John King, Esq.

(Name of Person)

Scolaro Law Firm

(Firm/Company)

507 Plum Street, Suite 300

(Address)

Syracuse, New York 13204

(City/State and Zip Code)

For further information concerning this matter, please call:

John King, Esq.

(Name of Person)

at ( 315 ) 471-8111

(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

**AMH 403, LLC**

2. The Articles of Organization were filed on January 30, 2015 and assigned

document number H15000024634

3. The delayed effective date the dissolution is 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

**The consent of the member to dissolve.**

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

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:

*Cynthia H. Schallmo*  
Signature

The Ann M. Hodgkins Family Trust  
u/a dated May 23, 2003

By: Cynthia H. Schallmo, Trustee  
Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 NOV 16 AM 8:28

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