

L15000021690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

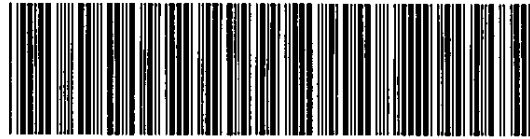
(Document Number)

Certified Copies _____

Certificates of Status ☒

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Office Use Only



300271581353

04/13/15--01017--005 **25.00

FILED
15 APR 13 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 27 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FM15 PROPERTIES 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:

CARMEN FELIBERTI

(Name of Person)

FM15 PROPERTIES LLC

(Firm/Company)

2403 KARBA WAY

(Address)

KISSIMMEE FLORIDA 34746

(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN FELIBERTI

(Name of Person)

407

at (

944-9996

(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

FILED
15 APR 13 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
FM15 PROPERTIES LLC

2. The Articles of Organization were filed on 02/04/2015 and assigned
document number L15000021690

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).

MOVED OUT OF STATE

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:

Carmen Feliberti
Signature

CARMEN FELIBERTI

Printed Name

FILING FEE: \$25.00