

L15000075557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

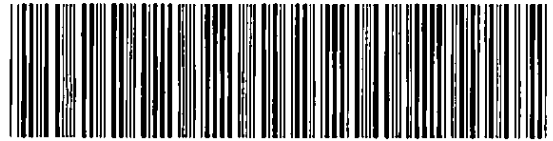
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/01/24--01008--015 **25.00

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2024 OCT -1 AM 9:26
CLERK OF STATE
TALLAHASSEE, FL



Kemp & Mace PA

WILLS • TRUSTS • ESTATES • GUARDIANSHIP

KENNETH E. KEMP, II, ESQ., LL.M.

T. BRANDON MACE, ESQ.

* Master of Laws in Taxation

September 13, 2024

VIA CERTIFIED MAIL NO. 9314 7699 0430 0125 9175 63

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SMITH FAMILY PROPERTY HOLDINGS, LLC

Dear Sir or Madam:

Enclosed please find the following documents:

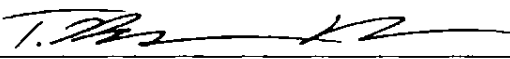
1. Cover Letter; and
2. Articles of Dissolution for SMITH FAMILY PROPERTY HOLDINGS, LLC.

Also enclosed please find a check in the amount of \$25.00 representing the filing fee.

If you have any questions or require any additional information, please feel free to contact our office. Regards.

Very truly yours,

KEMP & MACE, P.A.

By: 
T. Brandon Mace, Esquire

TBM/dd
enclosures

cc: Mr. and Mrs. Smith (without enclosures)
Mathew Verrengia (mverrengia@hightoweradvisors.com)

Please forward any correspondence to the following address:

12661 New Brittany Boulevard, Fort Myers, FL 33907

339-278-1800 • 339-278-0608 • www.kempandmace.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMITH FAMILY PROPERTY HOLDINGS, 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:

William I. Smith

(Name of Person)

(Firm/Company)

2164 Leisure Lane

(Address)

Fort Myers, Florida 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

William I. Smith

207

745-3383

at (_____) _____

(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:

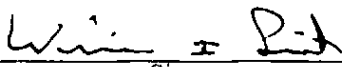
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
SMITH FAMILY PROPERTY HOLDINGS, LLC
2. The Articles of Organization were filed on 04/29/2015 and assigned
document number L15000075557
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)
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).
Assets of the company were distributed to the members and the company no longer holds any assets.
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:


Signature

William I. Smith

Printed Name

FILING FEE: \$25.00