

L15000093710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

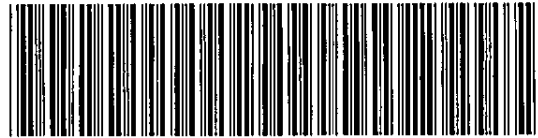
(Business Entity Name)

(Document Number)

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2016 NOV 14 P 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
NOV 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMARYLLA HOUSE 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:

DIANE INCognito - 201-390-0025
(Name of Person)
AMARYLLA HOUSE, LLC
(Firm/Company)
7138 HAWKS NEST TERRACE
(Address)
West Palm Beach, 71 33407
(City/State and Zip Code)

For further information concerning this matter, please call:

DIANE INCognito at (201) 390-0025
(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

AMARYLLA HOUSE LLC

2. The Articles of Organization were filed on 5/28/2015 and assigned

document number L15000093710

3. The delayed effective date the dissolution if not effective on the date of filing: 11/9/2016
(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).

Two other people authorized to manage LLC
are deceased: Michael Incognito 7/2/2015
and Samuel Ruter 7/18/2016. I can no
longer operate on my own.

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:

Diane Incognito

Signature

DIANE INCIGNITO

Printed Name

FILING FEE: \$25.00

2016 NOV 14 PM 2:29
SECRETARY OF STATE
FLORIDA

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