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(Requ	estor's Name)			
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(City/S	State/Zip/Phon	e #)		
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificate	s of Status		
Special Instructions to Fil	ing Officer			
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JAN 1 O 2017 J. HARRIS

COVER LETTER

	ation Section on of Corporations				
SUBJECT: FLORIDA FIRER NETWORKS, LLC (Name of Limited Liability Company)					
	(Name of Limited	d Liability Company)			
The enclosed Ar	rticles of Dissolution and fee(s) are submitte	d for filing.			
Please return all	correspondence concerning this matter to the	ne following:			
	DAVID S. S	UAPEZ			
	(Name	e of Person)			
(Firm/Company)					
301 S. COLLINS ST, SUITE 105 (Address)					
	PLANT City, 1	33563 e and Zip Code)			
(City/State and Zip Code)					
For further infor	rmation concerning this matter, please call:				
	OAVID S. SUAPEZ (Name of Person)	at (FB) 902.2634 (Area Code & Daytime Telephone Number)			
Enclosed is a che	ck for the following amount:				
S 25.00	Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	MAN ING ADDDDGG	CTDEET/COUDIED ADDEES.			

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 liabil		
FLORID	A Fiber NETWORKS LLC	•
2. The Articles of Organizatio	on were filed on MAY 29, 205 and assigned	
document numberL15	1924469000	
(effective Note: If the date inserted in t	the dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for this block does not meet the applicable statutory filing requirements, this date tive date on the Department of State's records.	filing) will not be
605.0707, Florida Statutes,	e that resulted in the limited liability company's dissolution pursuant to (copy 605.0707 on back cover letter).	section
SALE	of Assets	

		<u>_</u>
5. If there are no members, en	ter the name and address of the person appointed to wind up the comp	any's
activities and affairs:	DAVID S. SUAREZ	
	301 S. COLLINS ST	17
	SUITE 105	
	PLANT, City, FL 33563	ر میں ات الت
6. Signature of an authorized plisted above to wind up the cor	person or if there are no members, the signature of the person appointempany's activities and affairs:	ed and ਿ ਹਾਂ ਨਿ
1///		
Signature	DAVID S. SURREZ	

FILING FEE: \$25.00