

L150000 9503S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

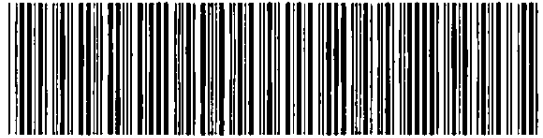
(Business Entity Name)

(Document Number)

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08/26/24--01017--019 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 15055 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:

Shelley C. Booken

\_\_\_\_\_  
(Name of Person)

Perlin Estate Planning & Probate

\_\_\_\_\_  
(Firm/Company)

201 Alhambra Circle, Suite 503

\_\_\_\_\_  
(Address)

Coral Gables, FL 33134

\_\_\_\_\_  
(City/State and Zip Code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Jennifer Reina

\_\_\_\_\_  
(Name of Person)

305

443-3104

at (

\_\_\_\_\_) \_\_\_\_\_  
(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

15055 LLC

2. The Articles of Organization were filed on 05/29/2015 and assigned

document number L15000095035

3. The delayed effective date the dissolution if not effective on the date of filing: 05/29/2015  
(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).

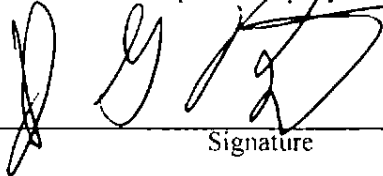
The company no longer owns any assets.

The company no longer owns any assets.

The company no longer owns 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

Jack G. Bernstein

Printed Name

**FILING FEE: \$25.00**

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2021 AUG 26 PM 2:43  
SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-26-21 BY 60322 UCBAW