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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

5405 ORTEGA, 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:

James P. Stevens

(Name of Person)

Law Offices of James P. Stevens, P.A.

(Firm/Company)

210 East Forsyth Street

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

James P. Stevens

.,904

398-2001

(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

	he name of a limited liabilit 405 ORTEGA, LLC	y company is			
2. Ti	he Articles of Organization	were filed on September 23	, 2015	and assigned	
do	ocument number L15000162	332			
1	The delayed effective date the (effective date) Note: If the date inserted in this listed as the document's effective date.	s block does not meet the app	licable statutory fili		
60	description of occurrence the occurrence of 05.0707, Florida Statutes, (co	opy 605.0707 on back cove	er letter).		uant to secti
A	pproved by written consent of a	all of the Members of the Lim	nited Liability Comp	sany.	
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	f there are no members, enter	the name and address of	the person appoint	ted to wind up the	company's
ac	ctivities and affairs:			י <u>ה בב</u> נכ כנ ורו טו	<u>.</u>
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	Signature			nted Name	•
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			JA	merce 26.	2015
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