

L15000193691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

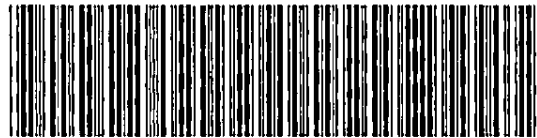
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400325119474

03/05/19--01008--016 **25.00

2019 MAR -5 A 10 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 13 2019
T. LEMUEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Closure of West Palm RE LLC, EIN: 81-1386117

DOCUMENT NUMBER: L15000193691

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Fallon

(Name of Contact Person)

West Palm RE LLC

(Firm/Company)

224 Datura Street #915

(Address)

West Palm Beach FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Harlan

(Name of Contact Person)

at (561) 450-5780

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment 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

West Palm RE LLC

FILED

2. The Articles of Organization were filed on 11/16/15 and assigned

2015 MAR -5 A 1P 00

document number L15000193691

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/18
(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.

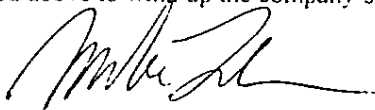
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

I moved out of the state and will no
longer be operating the business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Joseph Hamlin
224 Datura St. #915
West Palm Beach FL 33401

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

Michael Fallon

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "**Notice of Limited Liability Company Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: West Palm RE LLC

Document number of Limited Liability Company is: L15000193691

Date of dissolution was: 12/31/18

Description of information that must be included in a written claim:

I moved out of the state and will no
longer be operating West Palm RE LLC.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Joseph Hanlon CPA
224 Datura St. #915
West Palm Beach, FL 33401

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Michael Fallon

Printed Name of the Person Filing



Signature of the Person Filing