

LI6000050925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

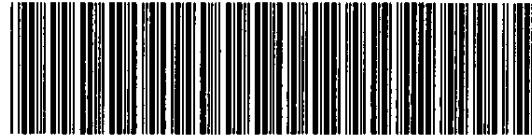
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400295409414

02/22/17--01012--026 **25.00

FILED
17 MAR -9 PM 2:42
MAR 09 2017

O SIMMONS
MAR 09 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2017

JOAN MARTELLOTT
1011 DELLES RD
WHEATON, IL 60189

SUBJECT: 1137 HOGAN STREET, LLC
Ref. Number: L16000050925

We have received your document for 1137 HOGAN STREET, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list description of information that must be included in a written claim and where to mail claim on page 2.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 517A00003650

RECEIVED
2017 MAR -9 PM 12:13
TALLAHASSEE, FLORIDA

Joan N. Martellotto
1011 Delles Road
Wheaton, IL 60189
Phone 630-665-2277

March 4, 2017

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Octavia I Simmons
Regulatory Specialist II

Re: Letter Number: 517A00003650
1137 Hogan Street, LLC

Dear Ms. Simmons:

I am writing in response to your letter referenced above.

In order to clarify your request, I contacted staff at phone (850) 245-6051 and learned that page 2 of the *Articles of Dissolution For A Limited Liability Company* is optional. Therefore, according to staff's suggestion, I am omitting page 2 and returning page 1 of the *Articles of Dissolution* with a copy of your letter.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Joan N. Martellotto" followed by a stylized monogram or flourish.

Joan N. Martellotto

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1137 HOGAN STREET 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:

JOAN N. MARTELLOTT
(Name of Person)

(Firm/Company)

1011 DELLES ROAD
(Address)

WHEATON, IL 60189
(City/State and Zip Code)

For further information concerning this matter, please call:

JOAN N. MARTELLOTT at (630) 665-2277
(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

1137 HOGAN STREET LLC

2. The Articles of Organization were filed on March 6, 2016 and assigned

document number LI6000050925

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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 LLC was never activated. After I applied for the LLC,
my insurance company notified that my property
insurance and other insurance could not apply to an LLC. The
insurance applicable to an LLC is more expensive and gives
less coverage. Therefore, I did not activate the LLC.

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

activities and affairs: JOAN N. MARTELLOTT

1011 DELLES ROAD

WHEATON, IL 60189

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:

Joan N. MartelloTT
Signature

JOAN N. MARTELLOTT
Printed Name

FILING FEE: \$25.00

17 MAR -9 PM 2:42

FILED