

L16000078403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

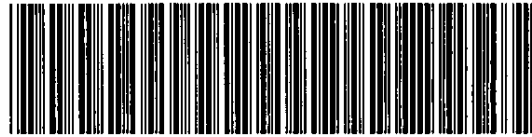
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 04 2017

S. YOUNG

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TALLAHASSEE, FLORIDA
17 APR -3 PM 2:18

KENNEDY & KENNEDY, P.L.
ATTORNEYS AT LAW

14 SOUTHEAST 4TH STREET
SUITE 36
BOCA RATON, FL 33432

P. TODD KENNEDY, P.L., LL.M. Taxation

BENJAMIN S. KENNEDY, JR., P.A.

March 29, 2017

Florida Department of State
Attn: Division of Corporations
P. O. Box 6327
Tallahassee, FL 32308

Re: Apollo Beach Retail, LLC

Dear Sir/Madame:

Enclosed please find an original Articles of Dissolution for the above-referenced LLC, which have been executed by the authorized representative. Also enclosed is a check in the amount of \$25.00, representing the filing fee associated with this Dissolution.

Please contact us if you have any questions concerning these enclosures.

Sincerely,
KENNEDY & KENNEDY, P.L.

Marian Hodges

Marian Hodges, Legal Assistant to
P. Todd Kennedy

/moh

Encls.

C:\Admin\FirmDoc\Fimiani, Mike\ltrs\ltr to FDOS 3.29.17.wpd

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CLERK OF FLORIDA
TALLAHASSEE, FLORIDA
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Apollo Beach Retail, LLC

2. The Articles of Organization were filed on 04/20/2016 and assigned

document number L16000078403

3. The delayed effective date the dissolution is 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)

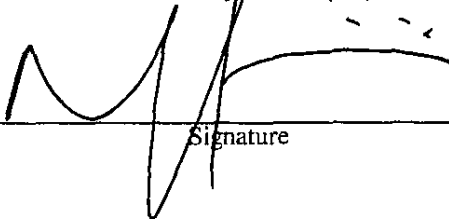
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Upon written consent of all members of the limited liability company

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

Michael J. Fimiani, Authorized Representative

Printed Name

FILING FEE: \$25.00

FILED
STATE
SECRETARY OF
FLORIDA
APR 20 2016
17 APR -3 PM 2:18