

C16060167872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

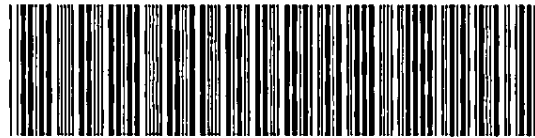
(Business Entity Name)

(Document Number)

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FILED
17 DEC 13 PM 10:50
TALLAHASSEE, FLORIDA

J. LEGGETT
DEC 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Financial Group X, 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:

Kenneth Thurmond

(Name of Person)

Florida Financial Group X, LLC

(Firm/Company)

301 E. Pine Street, Suite 800

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth Thurmond

(Name of Person)

at 704 906-5157

(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

Florida Financial Group X, llc.

2. The Articles of Organization were filed on 06/06/2016 and assigned

document number L16000107872

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2017
(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.

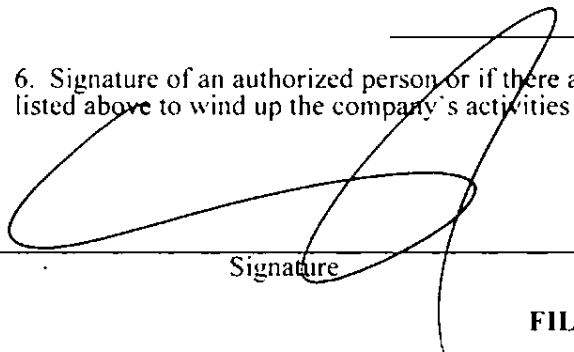
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Revenue resources never developed therefore, no need for Limited Liability Company to exist.

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

activities and affairs: N/A

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

Kenneth Thurmond

Printed Name

FILING FEE: \$25.00

17 DEC 13 PM 5:11
STATE OF FLORIDA
DEPARTMENT OF STATE

FILED