

1/3/22, 8:58 AM

Division of Corporations

46000125046

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KATZ BASKIES & WOLF PLLC
Account Number : 120080000071
Phone : (561)910-5700
Fax Number : (561)910-5701

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN -3 PM 2:02

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**LLC DISSOLUTION OR WITHDRAWAL
SRMZ INVESTMENTS, LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

JAN 04 2022

S. PRATHER

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Help

H22000000471 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRMZ Investments, 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:

Jeffrey A. Baskies, Esq.

(Name of Person)

Katz Baskies & Wolf PLLC

(Firm/Company)

3020 N Military Trail, Suite 100

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Neumann

(Name of Person)

561

910-5700

at (

_____) _____
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H22000000471 3

H22000000471 3

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
2022 JAN -3 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
SRMZ Investments, LLC
2. The Articles of Organization were filed on 07/06/2016 and assigned
document number L16000125046
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 consent of all the members.

The consent of all the members.

The consent of all the members.

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:

Marlene H. Zuckerman
Signature

Marlene H. Zuckerman

Printed Name

FILING FEE: \$25.00

H22000000471 3