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(Reques	stor's Name)		
(Addres	s)		
(Addres	s)		
(City/Sta	ate/Zip/Phone #)		
PICK-UP	TIAW [MAIL	
(Busine	ss Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

Office Use Only



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11/19/18--01032--013 **25.00

NOV 3 0 2018 S. YOUNG 18 NOV 19 PM 6:37 SECRETARY OF STATE TALLAMASSEE, FLORIDA

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: South Boulevard 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:

(Name of Person) (Firm/Company) 15488 N. Nebraska Ave. (Address) Lutz, FL 33549 (City/State and Zip Code)

For further information concerning this matter, please call:

☐ \$25.00 Filing Fee and Certificate of Dissolution

Steven Schaffer

(Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

☐ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia South Boulevard LLC	bility company is		
2. The Articles of Organiza	tion were filed on July 15.	2016	and assigned
document number L1600	0133856	_	
Note: If the date inserted a	te the dissolution if not efforive date cannot be prior to or moin this block does not meet the fective date on the Departmen	e applicable statutory fili	ling: December 31, 2018 late document is received for filing) ng requirements, this date will not b
4. A description of occurrer 605.0707, Florida Statute:	nce that resulted in the limits, (copy 605.0707 on back	ted liability company's cover letter).	s dissolution pursuant & section
Sale of Investment			三 三 三 五 五
			119 ASS
			THE PROPERTY OF
			<u> </u>
			37
5. If there are no members, activities and affairs:	enter the name and address Vincent J. Fechtel III	of the person appoint	ed to wind up the company's
	15488 N. Nebraska Ave		
	Lutz, FL 33549		
6. Signatura of an authoriva	d person or if there are no	members, the signature	e of the person appointed and
listed above to wind up the c	company's activities and af	fairs:	e of the person appointed and
In Work	40	Terri H. Fechtel	
Signature Printed Name		ited Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: South Boulevard LLC	
Document number of Limited Liability Company is: L16000133856	
Date of dissolution was: Dec. 31, 2018	
Description of information that must be included in a written claim:	
Copy of original invoice	18 18
Signed W9	NOV FI
applicable state license number	19
	F.O. 6
	RIDA

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

The Fechtel Company	
RE: South Boulevard LLC	
15488 N. Nebraska Ave.	
Lutz, FL 33549	

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.

Terri H. Fechtel

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00