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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

6602 -239th Ave, 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:

Deborah O'Connor

(Name of Person)

6602-239th Ave, LLC

(Firm/Company)

17796 Wall Circle

(Address)

Redington Shores, FL 33708

(City/State and Zip Code)

Deborah O'Connor

For further information concerning this matter, please call:

(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  6602- 239th AVE, LLC					
2.	The Articles of Organizatio	n were filed on July 20, 2016		and assigned		
	document number L1600013	5975				
3.	The delayed effective date the dissolution if not effective on the date of filing: 1/5/2017			1/5/2017		
	(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).					
	Property Sold					
		······································		**		
5.	If there are no members, enactivities and affairs:	rs, enter the name and address of the person appointed to wind up the company's  Deborah O'Connor				
		17796 Wall Circle				
		Redington Shores, FL 33708				
6. lis	Signature of an authorized pated above to wind up the cor	person or if there are no member opany's activities and affairs:	rs, the signature of	the person appointed and		
`	Maril () AM	•				
DINING COM			rah L. O'Connor			
	Signature		Printed '	Name		

FILING FEE: \$25.00