

L16600214649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

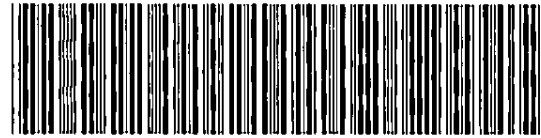
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only




300322069523

FILED

2019 DEC 13 P 6:08

12/13/19 5:41:18

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 540548 4612432
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : December 13, 2018
ORDER TIME : 3:34 PM
ORDER NO. : 540548-005
CUSTOMER NO: 4612432

2018 DEC 13 P 6:08

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DOMESTIC FILINGS

NAME: CONSTANTINO FAMILY LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Constantino Family 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:

Frank C. Constantino
(Name of Person)

Constantino Family LLC
(Firm/Company)

6025 Sunnyslope Drive
(Address)

Naples, Florida 34119
(City/State and Zip Code)

2019 DEC 13 P 6:08

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For further information concerning this matter, please call:

Frank Constantino at (609) 870-0200
(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

Constantino Family LLC

2. The Articles of Organization were filed on November 21, 2016 and assigned

document number L16000214649

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)

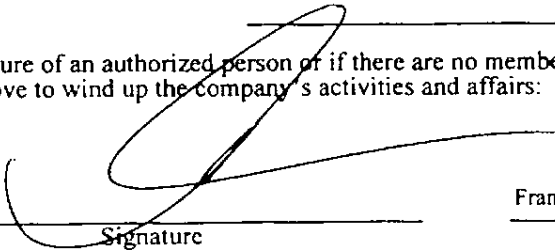
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Company is being dissolved pursuant to the consent of all of 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:



Signature

Frank C. Constantino

Printed Name

FILING FEE: \$25.00

FILED
2016 DEC 13 P 4:08 PM
CLERK OF THE COURT
JACKSONVILLE, FLORIDA