

L17000032409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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09/05/17--01012--009 \*\*25.00

FILED  
17 SEP -5 AM @ 4:9  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEP 07 2017

Y. C. KERR

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brooke Krinsky 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:

Brooke Krinsky

\_\_\_\_\_  
(Name of Person)

Brooke Krinsky LLC

\_\_\_\_\_  
(Firm/Company)

4102 SW 27th Pl

\_\_\_\_\_  
(Address)

Cape Coral, FL 33914

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brooke Krinsky

954

494-9314

at (

\_\_\_\_\_  
(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  
Brooke Krinsky LLC

2. The Articles of Organization were filed on 02/09/2017 and assigned  
document number L17000032409

3. The delayed effective date the dissolution if not effective on the date of filing: August 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.

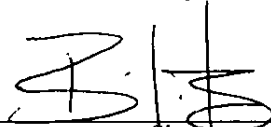
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

As sole member I choose to voluntarily end the existence of the LLC

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Brooke Krinsky, Sole Member

Mailing Address: 4102 SW 27th Pl, Cape Coral, FL 33914

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

Brooke Krinsky  
Printed Name

**FILING FEE: \$25.00**

FILED  
17 SEP -8 AM 8:49  
CLERK OF THE COURT  
STATE OF FLORIDA

## 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: Brooke Krinsky  
Document number of Limited Liability Company is: L17000032409  
Date of dissolution was: August 31, 2017

Description of information that must be included in a written claim:

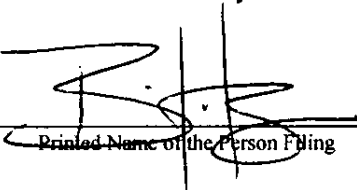
- (1) Provide reasonable description of the claim the claimant may be entitled to assert
- (2) State whether the claim is admitted or not admitted (in whole or in part)
- (3) The deadline to submit a claim is 120 days after the written notice's effective date
- (4) The notice must state the amount that is admitted (may be as of a given date)
- (5) Must state any interest obligation if fixed by an instrument of indebtedness

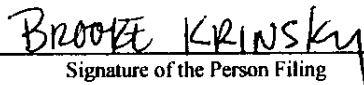
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Attention: Brooke Krinsky

4102 SW 27th Pl, Cape Coral, FL 33914

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.

  
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