

L17000081582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

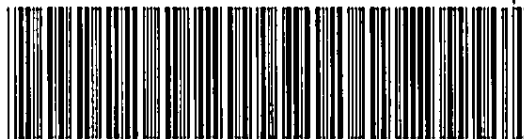
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/17/18--01007--020 **25.00

RECEIVED

JAN 16 2018

18 JAN 16 AM 11:58

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

K SALY
JAN 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1028 APOLLO BEACH 113 LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristie Lynn Simpson

(Name of Person)

1028 APOLLO BEACH 113 LLC

(Firm/Company)

11514 S COUNTY RD 39

(Address)

LITHIA, FL 33547

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristie L Simpson

(Name of Person)

at (813) 200-7931

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 16 AM 11:58

1. The name of a limited liability company is
1028 APOLLO BEACH 113 LLC

2. The Articles of Organization were filed on 04/11/17 and assigned
document number L17000081582

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).

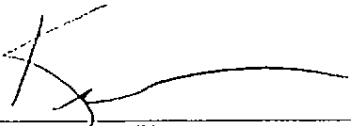
Business Purpose Completed - No longer a going concern

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Kristie L Simpson

11514 S COUNTY ROAD 39

LITHIA, FL 33547

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

Kristie L Simpson

Printed Name

FILING FEE: \$25.00