

L17000151465-

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

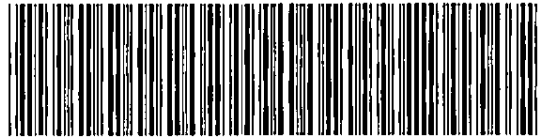
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schulman 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:

Melissa Budelman
(Name of Person)

EMFO LLC
(Firm/Company)

2700 S. Commerce Parkway Suite 100
(Address)

Weston, FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Budelman at 954, 385-6493
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE OF FLORIDA
TALLAHASSEE, FL

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Schulman Family LLC
2. The Articles of Organization were filed on July 14, 2017 and assigned
document number L17000151465
3. The delayed effective date the dissolution is not effective on the date of filing: 12/31/22
(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).

no longer using entity, assets
transferred out.

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

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

David Schulman
Printed Name

FILING FEE: \$25.00

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DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED