

L18000055083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

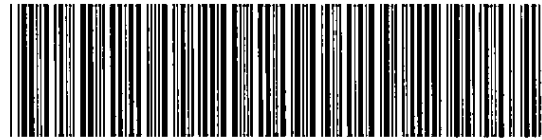
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 APR 19 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

59

APR 29 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2015 Cross Hill, 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:

Angela Brady

(Name of Person)

(Firm/Company)

95 Fifth Avenue

(Address)

Saratoga Springs, NY 12866

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Brady

(Name of Person)

at (518) 428-1775
(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
2015 Cross Hill, LLC

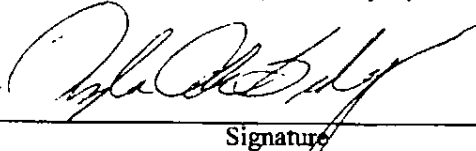
2. The Articles of Organization were filed on March 1, 2018 and assigned
document number L18000055083

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 consent of all 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

Angela Brady

Printed Name

FILING FEE: \$25.00

Joseph K. Brady

April 8, 2019
State of NY
County of Saratoga
Colleen Graska

COLLEEN GRASKA
Notary Public, State of New York
Qualified in Saratoga County
My Comm. Exp. 4-2-20
Reg. No. 01GR6258669

19 APR 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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