

118000060500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

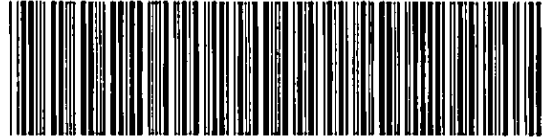
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/09/19--01006--000 ++25.00

FILED

2019 JAN -9 PM 4:58

CLERK OF STATE  
TALLAHASSEE, FL

C. GOLDEN

JAN 16 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FL Investment Team 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:

Yolanda E Hodges

(Name of Person)

FI Invesment Team LLC

(Firm Company)

14620 Coral Berry Drive

(Address)

Tampa FL 33626

(City/State and Zip Code)

For further information concerning this matter, please call:

Yolanda E Hodges

(Name of Person)

4047753715

at (

)  
(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**

**2019 JAN -9 PM 4: 58**

**DEPARTMENT OF STATE  
TALLAHASSEE, FL**

1. The name of a limited liability company is

FI Investment Teal LLC

2. The Articles of Organization were filed on 3/07/2018 and assigned

document number 118000060500

3. The delayed effective date the dissolution if not effective on the date of filing: 1/2/2019  
(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.

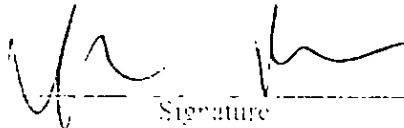
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Irresponsible partner who over draft the business account numerous of times, horrible time managment.

Miscommunication and laying to people to obtain funds and not bringing that to the table.

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

Yolanda E Hodges

Printed Name

**FILING FEE: \$25.00**

## 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: FL Investment Team LLC

Document number of Limited Liability Company is: L18000060500

Date of dissolution was: 1/2/2019

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

copy of the overdrafts fees cause by the other party.

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

14620 Coral Berry Drive  
Tampa FL 33626

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.

Yolanda E Hodges

Printed Name of Person Filing

  
Signature of the Person Filing