

10/17/22, 1:25 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L18000122108**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.
Account Number : I20190000025
Phone : (239)649-5200
Fax Number : (239)649-8140

LLC DISSOLUTION OR WITHDRAWAL
AMRD INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Florida Department of State
Tallahassee, FL 32399

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C. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMRD Investments 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:

Michael A. Durant

(Name of Person)

Conroy, Conroy & Durant, P.A.

(Firm/Company)

2210 Vanderbilt Beach Road, Suite 1201

(Address)

Naples, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha MacLeod

(Name of Person)

239

649-5200

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 Address:

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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
AMRD Investments LLC
2. The Articles of Organization were filed on May 15, 2018 and assigned
document number L18000122108
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).
Stopped doing business
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

Ronny De Aza

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDAAPPROVED
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