

L18 000 157 695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

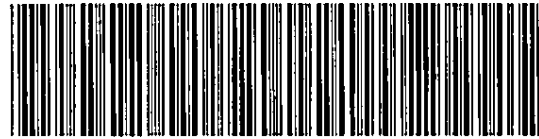
(Document Number)

Certified Copies _____ Certificates of Status _____

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707.



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04/06/20--01016--004 **30.00

2020 MAY -1 AM 11:26

C GOLDEN

MAY -5 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 316 ARPIEKA AVE ST. AUGUSTINE FL 32080 LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MARC T. MATTHEWS
(Name of Person)

316 ARPIEKA AVE ST. AUGUSTINE FLA. 32080 LLC
(Firm/Company)

320 ARPIEKA AVE
(Address)

ST. AUGUSTINE, FL 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

MARC T. MATTHEWS at (904) 501 0057
(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)

NOTE: 30.00 SENT IN 3
LAST MAILING

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



2020 MAY -1 AM 8:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2020

MARC T. MATTHEWS, SR.
320 ARPIEKA AVENUE
ST. AUGUSTINE, FL 32080

SUBJECT: 316 ARPIEKA AVE ST AUG. FLA. 32080 LIMITED LIABILITY
COMPANY
Ref. Number: L18000157695

Upon receipt of your letter and/or check(s) totaling \$30.00, no document was
found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 920A00008142

**PLEASE NOTE \$30.00 Fee WAS
SENT & PAID w/CHECK #2338 SEE
ATTACHED.**

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is 20031111-1 April: 26
316 ARPIKA AVE ST AUG. FLA. 32080 LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on JULY 6TH 2013 and assigned
document number L18000157645

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).

316 ARPIKA AIRB&PS WAS SOLD

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: MARC T MATTHEWS SR

320 ARPIKA AVE

ST. AUGUSTINE, FLA

32080

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

MARC T. MATTHEWS SR.
Printed Name

FILING FEE: \$25.00

5 Fee Paid In ORIGINAL MAILING