

L18000159843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

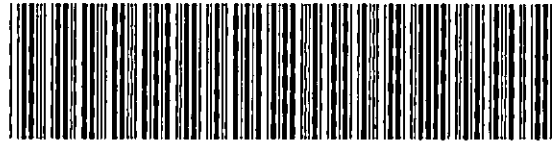
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
24 JAN -8 AM 11:38
CLERK OF SUPERIOR COURT
JANUARY 8, 2024
JANUARY 8, 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meyers Property Management Company, 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:

Arthur S Meyers

(Name of Person)

Meyers Law Firm PLLC

(Firm/Company)

999 Vanderbilt Beach Road Suite 200

(Address)

Naples, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur S Meyers

239

300-8598

at (

(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

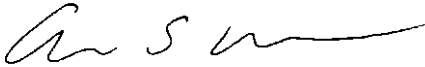
Street Address:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
24 JAN -8 4:11:38
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Meyers Property Management Company, LLC
2. The Articles of Organization were filed on 6/18/2018 and assigned
document number L18000159843
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).
Cessation of operating business with no liabilities and distribution of all assets to 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

Arthur S. Meyers

Printed Name

FILING FEE: \$25.00

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at (_____) _____

300-8598

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

Street Address:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
24 JAN -8 AM 11:39
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
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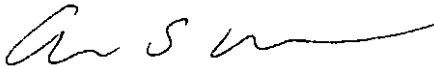
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Signature

Arthur S. Meyers

Printed Name

FILING FEE: \$25.00