

L19000208951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

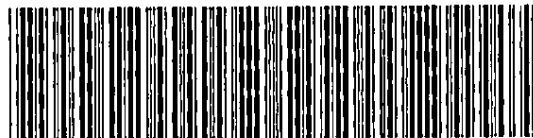
(Business Entity Name)

(Document Number)

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

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2020 NOV 17 PM 2:08

OFFICE OF CORPORATION  
TALLAHASSEE, FLORIDA

FILED

2020 NOV 17 AM 8:38

11/2/2020

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 11/17/20**

**NAME: FMS NAPLES, LLC**

**TYPE OF FILING: DISSOLUTION**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FMS NAPLES, 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:

Doug Passon

(Name of Person)

FMS Naples, LLC

(Firm/Company)

540 Chase Lane

(Address)

Bloomfield Hills, MI 48304

(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Passon

(Name of Person)

586

at ( )

945-9960

(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**

1. The name of a limited liability company is  
FMS NAPLES, LLC

2. The Articles of Organization were filed on 08/15/2019 and assigned  
document number L19000208951

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).

I was going to use this entity to buy a condo in Naples but I ended up just buying it through my trust.


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5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Doug Passon

540 Chase Lane, Bloomfield Hills, MI 48304

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

Doug Passon

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

2020 NOV 17 AM 8:38

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