

L21000288891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

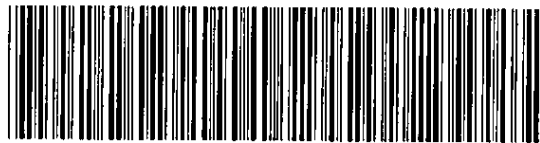
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100416567101

09/25/23--01022--015 **35.00

FILED
2023 SEP 29 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature or mark

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FEARNLEY 5505, 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:

BETH I SHADOWITZ, ESQ.

(Name of Person)

SHADOWITZ ASSOCIATES, PA

(Firm/Company)

6200 VIA TIERRA

(Address)

BOCA RATON, FL 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

BETH SHADOWITZ

(Name of Person)

561

271-5263

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 North 1st Street, Room 210
Tallahassee, FL 32310

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

FILED

2023 SEP 29 AM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
FEARNLEY 5505, LLC

2. The Articles of Organization were filed on JUNE 22, 2021 and assigned
document number L21000288891

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).
THE ONLY PROPERTY THAT WAS HELD IN THE LLC 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: _____

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:

Armando Jimenez

ARMANDO JIMENEZ

Printed Name