

L22000404416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

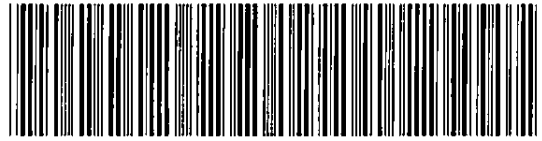
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500437132835

10/1/24 11:11 AM - OCT 1 11:11 AM

2024 OCT - 1 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amilico, 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:

Mike Anderson

(Name of Person)

Amilico, LLC

(Firm/Company)

1355 Phyllis Drive

(Address)

Merritt Island FL 32952

(City/State and Zip Code)

2014 OCT -1 PM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Liz Anderson

321

749-6611

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**

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

2. The Articles of Organization were filed on September 15, 2022 and assigned  
document number L220004044 ~~4~~ 5

3. The delayed effective date the dissolution if not effective on the date of filing: November 1, 202  
(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).  
Non use/ inactive

Non use/ inactive

Non use/ inactive

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

1355 Phyllis Drive

Merritt Island, FL 32952

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

Elizabeth Anderson

Printed Name

**FILING FEE: \$25.00**

2024 OCT -1 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FL