

L99000008347

(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:

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Witness	
Approval	
W. P. Verifier	



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Wrong form

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amalfi Development, LLC

DOCUMENT NUMBER: L99000008347

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen D. Coleman

(Name of Person)

Amalfi Development, LLC

(Name of Firm/Company)

5811 Pelican Bay Blvd. Ste. 208

(Address)

Naples, FL 34108

(City/State/and Zip Code)

For further information concerning this matter, please call:

Donna Virga

(Name of Person)

at (239) 566-2719

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 18, 2004

STEPHEN D. COLEMAN
AMALFI DEVELOPMENT, LLC
5811 PELICAN BAY BLVD., STE 208
NAPLES, FL 34108

SUBJECT: AMALFI DEVELOPMENT, LLC
Ref. Number: L99000008347

We have received your document for AMALFI DEVELOPMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed a form for a Florida corporation. Please complete the attached form for a limited liability company.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 204A00018118

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

1. The name of the limited liability company is Amalfi Development LLC
Doc # 299000008347
2. The effective date of the limited liability company's dissolution is 3/1/03
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
- _____
- _____
- _____

4. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.441.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature

Typed or Printed name

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TALLAHASSEE, FLORIDA