

**LD10000058409**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

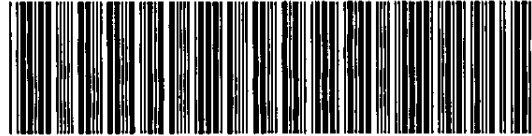
(Business Entity Name)

(Document Number)

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

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12/22/14--U1022--025 \*\*25.00

**FILED**  
2014 DEC 22 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

EFFECTIVE DATE 12/31/14

DEC 31 2014  
D. J. ...

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Live/Work At Avalon Park, 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:

Marybel Defillo  
(Name of Person)  
Avalon Park Group  
(Firm/Company)  
3680 Avalon Park East Blvd, Ste. 300  
(Address)  
Orlando, FL 32828  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marybel Defillo at ( 407 ) 658-6565  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS

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

1. The name of a limited liability company is  
Live/Work At Avalon park, LLC
2. The Articles of Organization were filed on 06/07/2006 and assigned  
document number L06000058409
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/14  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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 decision was made, under the discretion of the owners, to dissolve the entity.

5. If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs: Marybel Defillo  
3680 Avalon Park East Blvd, Ste. 300  
Orlando, FL 32828

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TALLAHASSEE FLORIDA

FILED

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:

Marybel Defillo  
Signature

Marybel Defillo  
Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE 12/31/14