

LD7000051272

(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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 25 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACORN WAY, 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:

Richard J. Clesen, Manager
(Name of Person)

(Firm/Company)

414 ROSEMEADE LANE
(Address)

NAPLES, FL 34105 FL
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Richard J. Clesen, Manager at (239) 649-0382
(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

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

1. The name of a limited liability company is
Acorn Way, LLC
2. The Articles of Organization were filed on 05/15/2007 and assigned
document number L07000051272
3. The delayed effective date the dissolution if not effective on the date of filing: n/a
(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 consent of all the members.

5. If there are no members, enter the name and address of the person appointed to wind up the company
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:



Signature

Richard J. Clesen, Manager

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ACORN WAY, LLC

Document number of Limited Liability Company is: L07000051272

Date of dissolution was: date of filing Art. of Disso.

Description of information that must be included in a written claim:

Claimant's name, street address, mailing address (if different), contact person's name,

telephone number and e-mail address. Amount of claim. Date claim incurred. Basis

of claim. Credits applied to claim. Description of collateral securing the claim, if any.

Names and address of others claimant believes are responsible for payment of the

claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation

Acorn Way, LLC

c/o Richard J. Clesen, Manager

414 ROSEMEADE LANE

NAPLES, FL 34105 FL

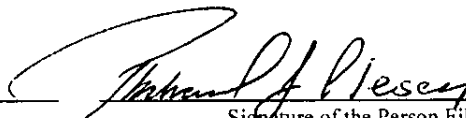
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TALLAHASSEE FLORIDA

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Richard J. Clesen

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00