

L11000000100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

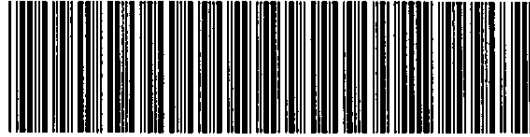
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200269218492

03/10/15--01008--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 10 PM 1:45

C.L.
11-1-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5714 19TH STREET 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:

KEVIN ELDRIDGE
(Name of Person)
(Firm/Company)
6737 CHENKIN RD
(Address)
ZEPHYRHILLS, FL 33542
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN ELDRIDGE at (813) 312-3310
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAR 10 PM 1:45

1. The name of a limited liability company is
5714 19TH STREET LLC
2. The Articles of Organization were filed on 01/03/2011 and assigned
document number L11000000100
3. The delayed effective date the dissolution if not effective on the date of filing: 03/31/15
(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's
activities and affairs:
Kevin Eldridge
6737 Chenkin Rd
Zephyrhills, FL 33542
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:

Kevin D. Eldridge
Signature

KEVIN ELDRIDGE
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOTE: This page is optional

15 MAR 10 PM 1:45

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: 5714 19TH STREET LLC

Document number of Limited Liability Company is: L11000000100

Date of dissolution was: 03/31/15

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

Name and address of claimant; basis for the claim; all documentation that supports the claim; Amount of claim; Date of event that gave rise to claim.

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

6737 CHENKIN RD
ZEPHYRHILLS, FL 33542

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.

KEVIN ELDRIDGE

Printed Name of the Person Filing

Kevin D. Eldridge

Signature of the Person Filing

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