

L11000002984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

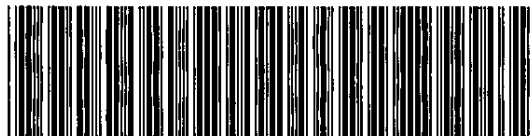
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

MAR 21 2014

D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4118 Silver Palm 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:

William R Allen  
\_\_\_\_\_  
(Name of Person)  
  
4118 Silver Palm Drive  
\_\_\_\_\_  
(Firm/Company)  
  
523 Route 303 2nd Floor  
\_\_\_\_\_  
(Address)  
  
Orangeburg, New York 10962  
\_\_\_\_\_  
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

William R Allen at (845) 596-1254  
\_\_\_\_\_  
(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  
4118 Silver Palm LLC
2. The Articles of Organization were filed on 1-6-11 and assigned  
document number L11000002984
3. The delayed effective date the dissolution if not effective on the date of filing: 3-1-14  
(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).  
Voluntarily decided to close business
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: William R Allen  
4118 Silver Palm LLC  
523 Route 303 2nd Floor  
Orangeburg, New York 10962
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:

William R Allen  
Signature

William R Allen  
Printed Name

**FILING FEE: \$25.00**

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FALLA ASSOCIATES FLORIDA

**FILED**