L14000063130

(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

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11/24/14--01017--014 **25.00

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14 NOV 24 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XORFTW, 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:

Tim S. Haverty
(Name of Person)

Swanson Midgley, LLC
(Firm/Company)

4600 Madison, Suite 1100
(Address)

Kansas City, Missouri 64112
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim S. Haverty at (816) 886-4822
(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
XORFTW, LLC

2. The Articles of Organization were filed on April 17, 2014 and assigned document number L14000063132

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
Pursuant to Section 605.0701(2), Florida Statutes, all of the members of the limited liability company have consented to the dissolution of the limited liability company.

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

Christopher Wade
Signature

Christopher Wade
Printed Name

FILING FEE: $25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: XORFTW, LLC

Document number of Limited Liability Company is: L14000063132

Date of dissolution was: November 24, 2014

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

(1) Name, address, phone number, e-mail address of claimant; (2) amount claimed; (3) copies of all documents upon which claim is based; (4) description of all facts upon which claim is based.

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

65 NE 4th Avenue #D

Delray Beach, Florida US 33483

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Christopher Wade
Printed Name of the Person Filing

Christopher Wade
Signature of the Person Filing

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