

L15 0000 43123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

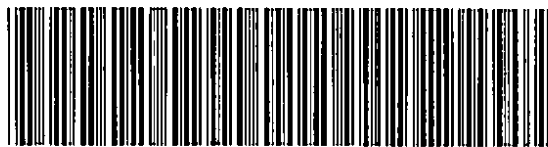
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 16 2016

Dissolution

SEP 1 2016

D CUCUMING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Its Our Dream Properties, 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:

Cheryl Smith

(Name of Person)

McGuireWoods LLP

(Firm/Company)

201 North Tryon Street, Suite 3000

(Address)

Charlotte, NC 28202

(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Smith

(Name of Person)

at (704) 343-2098

(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

2015.16 11:11:12
440-6016
440-6016
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Its Our Dream Properties, LLC

2. The Articles of Organization were filed on March 10, 2015 and assigned

document number L15000043123

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Consent of the sole member

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:

Stephanie Dianna Arnold
Signature

Stephanie Dianna Arnold, Manager

Printed Name

FILING FEE: \$25.00

2016 MAR 16 PM 1:13

FILED
MAR 16 2015
TALLAHASSEE
FLORIDA