Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000202259 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone

: (407)841-1200

Fax Number

: (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL WHITE FACE ACRES COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	WHITE FACE ACRES COMPANY,	LLC
		Liability Company)
The enclos	sed Articles of Dissolution and fee(s) are submitte	d for filling.
Please ren	un all correspondence concerning this matter to th	e following:
	Dana M. Apfelbaum, Esq.	
	(Name	of Person)
	Dean, Mead, Minton & Zwemer	·
•	(Firm	(Company)
	1903 S. 25th Street, Suite 200	
	(A	ddress)
	Fort Pierce, Florida 34947	
	(City/State	and Zip Code)
For furthe	r information concerning this matter, please call:	
	Dana M. Apfelbaum, Esq.	at (
_	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is	a check for the following amount:	
J \$	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

(((H14000202259 3))) ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is White Face Acres Company, LLC	
2.	The Articles of Organization were filed on 6/7/2000 and assigned	
	document number <u>L0000006643</u>	
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).	on
	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:	
6. lis	. Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	
	Alexander Kromhout, Manager	
	Signature Printed Name	

FILING FEE: \$25.00

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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: White Face Acres Company, LLC
Document number of Limited Liability Company is:
Date of dissolution was: August 27, 2014
Description of information that must be included in a written claim:
Name of Claimant:
Address of Claimant:
Amount of Claim:
Basis of Claim (attach copy):
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Alexander Kromhout
4150 11th Place SW
Vero Beach, Florida 32968
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.
Alexander Kromhout
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

14 AUG 27 AM 7: 42
SECRETARY OF STATE PLORID