

L000000 10515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

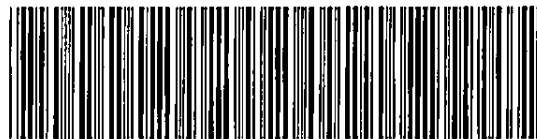
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

JUN 27 2024

Office Use Only



500431313205

06/18/24--01030--011 ♦♦25.00

2024 JUN 18 PM 4:09

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southpoint Partners 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:

Vickey Lewis

(Name of Person)

(Firm/Company)

148 Water Oak Drive

(Address)

Ponte Vedra Beach, FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Vickey Lewis

(Name of Person)

904

563 0900

at ( )

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

FILED  
2024 JUL 18 PM 4:07

1. The name of a limited liability company is  
Southpoint Partners LLC
2. The Articles of Organization were filed on 08/28/2000 and assigned  
document number 1.00000010515
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).  
Members Voluntary Dissolution
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:

  
Signature

Gregory Hartley

Printed Name

**FILING FEE: \$25.00**

## 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: Southpoint Partners LLC

Document number of Limited Liability Company is: L00000010515

Date of dissolution was: 06/13/2024

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

Original Invoice Number, Name of Company, Service Provided.

Southpoint Partners LLC authorized representative requesting service

Address where payment can be made

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

Vickey Lewis

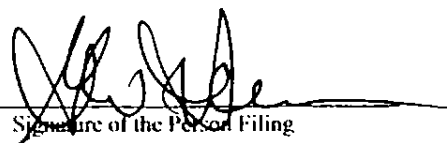
148 Water Oak Drive

Ponte Vedra Beach, FL 32082

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.

Gregory Hartley

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**