

LO10000 15212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

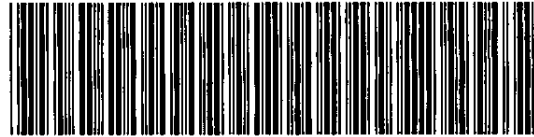
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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016 DEC 30 P 3 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JAN 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2016

JOHN BRUCE
AVION WOODS LLC
P.O. BOX 1602
NAPLES, FL 34106

SUBJECT: AVION WOODS, L.L.C.
Ref. Number: L01000015212

We have received your document for AVION WOODS, L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 716A00025733

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

1. The name of a limited liability company is

Avion Woods, L.L.C.

2. The Articles of Organization were filed on JUNE 2, 2003 and assigned

document number ~~103000004242~~ L01000015212

3. The delayed effective date the dissolution if not effective on the date of filing: 12-01-2016
(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).

Sold property - no longer needed

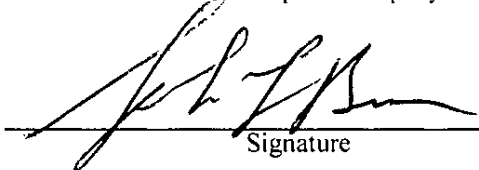
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

JOHN L BRUCE

P.O. Box 1602

NAPLES FL 34104

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

JOHN BRUCE
Printed Name

FILING FEE: \$25.00

CK - \$43 ⁷⁵

sent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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