

101000018990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

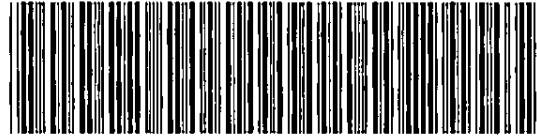
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/20/17--01020--010 \*\*25.00

FILED  
20 SEP 20 PM 1:28  
FALL ARIZONA

SEP 21 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WALDEN INVESTMENTS II, 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:

Scott L. McMullen, Esquire

(Name of Person)

Jones, Foster, Johnston & Stubbs, P.A.

(Firm/Company)

4741 Military Trail, Suite 200

(Address)

Jupiter, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott L. McMullen

(Name of Person)

at 561 659-3000

(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  
WALDEN INVESTMENTS II, LLC

2. The Articles of Organization were filed on November 5, 2001 and assigned  
document number L01000018990

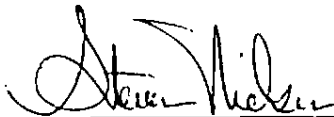
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, 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).

The unanimous decision to dissolve the Company by the sole member of the Company, which was approved by  
the unanimous written 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:

  
Signature

Steven Nielsen

Printed Name

**FILING FEE: \$25.00**

2001 SEP 20 PM 1:28  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

## 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: WALDEN INVESTMENTS II, LLC

Document number of Limited Liability Company is: L01000018990

Date of dissolution was: \_\_\_\_\_

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

1. Name of Claimant
2. Address of Claimant
3. Amount of Claim(s)
4. Description of facts giving rise to Claim
5. Claimant contact person and contact information

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

806 LAKESIDE DRIVE  
NORTH PALM BEACH, FL 33408

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.

Steven Nielsen

Printed Name of the Person Filing



Signature of the Person Filing