

LO1000022416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

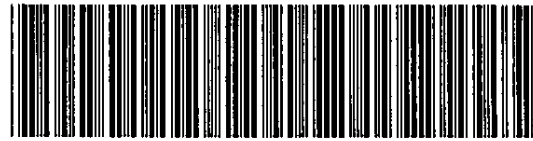
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200293035732

12/20/16--01010--004 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 20 A 11: 15

FILED

D. BRUCE
DEC 21 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Ware Family Realty, LLC

DOCUMENT NUMBER: L01000022416

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corinne P. McClure

(Name of Contact Person)

McGuireWoods LLP

(Firm/Company)

50 North Laura Street, Suite 3300

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Corinne McClure

(Name of Contact Person)

at (904)

(Area Code)

798-3294

(Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2016 DEC 20 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

1. The name of a limited liability company is
WARE FAMILY REALTY, LLC

2. The Articles of Organization were filed on 12/21/2001 and assigned
document number L01000022416

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)

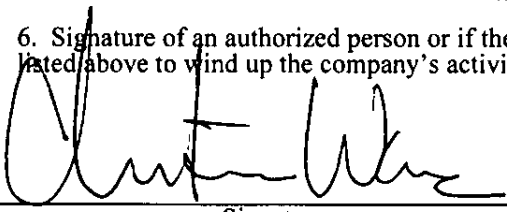
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Pursuant to Section 605.0701(1), Florida Statutes, and pursuant to the terms of the Operating Agreement of the
Company, all of the Class A Voting Members of the Company have been determined that the Company
shall be dissolved and the Company's affairs shall be concluded and have consented to the filing of these
Articles of 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

Christopher W. Ware, as sole Trustee of The Mary W. Ware Living Trust created under Trust Agreement dated July 19, 1996, as amended, and as sole Trustee of The Walter E. Ware, Sr. Living Trust created under Trust Agreement dated July 19, 1996, as amended

Printed Name

2016 DEC 20 4:11 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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: WARE FAMILY REALTY, LLC

Document number of Limited Liability Company is: L01000022416

Date of dissolution was: _____, 2016

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

Claims must include the name of the claimant, the amount of the claim,
and a short summary of the basis for the claim.

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

11710 CENTRAL PARKWAY
JACKSONVILLE, FL 32224

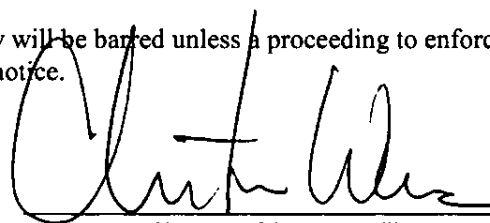
2016 DEC 20 A 11: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

CHRISTOPHER VALERO

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