

(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



900319871689

11/01/18--01005--024 ++43.75

01/08/14--016/4 -006 \*\*11.20

2019 JAN - LL A TE O

D. SCOTT JAN 8 2019

## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2018

JOBIE R WATSON 2ND REQUEST 1601 PALM AVE WINTER PARK, FL 32789

SUBJECT: WATSON-OCALA, LLC Ref. Number: L02000013316

We have received your document for WATSON-OCALA, LLC 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 CORP, but your entity is a 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 (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 818A000261461

www.sunbiz.org

## **COVER LETTER**

	stration Section ion of Corporations					
1	WATSON-OCALA, LLC					
SUBJECT: _						
The enclosed a	Articles of Dissolution and fee(s) are submitted	d for filing.				
Please return a	all correspondence concerning this matter to the	e following:				
	JOBIE R WATSON					
	(Name of Person)					
	(Fitat/	Company)				
	1601 PALM AVENUE					
	(Address) WINTER PARK, FL. 32789					
	(City/State	and Zip Code)		2019 JAN - 11 A 1		
For further inf	ormation concerning this matter, please call:			1:00		
JOI	E CADLE, ADM ASST.	407	376-0191 )	**************************************		
	(Name of Person)		ode & Daytime Telepho			
Enclosed is a ch	neck for the following amount:					
☐ \$25.00 Filing Fee and Certificate of Dissolution  MAILING ADDRESS:  Registration Section  Division of Corporations		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
		Regis	EET/COURIER stration Section sion of Corporatio			
	P.O. Box 6327 Tallahassee, FL 32314		on Building Executive Center	Circle		

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	The name of a limited liability company is WATSON-OCALA LLC					
2.	The Articles of Organization were filed on	and assigned				
	document number					
	he delayed effective date the dissolution if not effective on the date of tiling:  telfective date cannot be prior to or more than 90 days later than date document is received for tiling)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be isted as the document's effective date on the Department of State's records.					
6	A description of occurrence that resulted in the limited lia 605.0707, Florida Statutes, (copy 605.0707 on back cover THIS LLC WAS SET UP AS RENTAL ACCOUNT FOR PROF	letter).				
_		7. 23				
_						
	If there are no members, enter the name and address of the activities and affairs:	e person appointed to wind up the companyis				
•	activities and arrans.	Ģ. Pu				
:	Signature of an authorized person or if there are no memb ted above to wind up the company's activities and affairs:	pers, the signature of the person appointed and				
_	me rulatur. 101	BIE R. WATSON				
7	Signature	Printed Name				

FILING FEE: \$25.00