## L0300000 5578

(Re	equestor's Name)					
(Address)						
(Address)						
(Cir	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
`	•	•				
(Do	ocument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
:						
		:				

Office Use Only



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09/28/15--01018--003 \*\*25.00

7015 SEP 28 PM 1: 53

## **COVER LETTER**

Divisio	on of Corporations					
SUBJECT: _	THEKIDS					
			d Liability Company)			
The enclosed A	rticles of Dissolution :	and fee(s) are submitte	ed for filing.			
Please return all	correspondence conc	erning this matter to t	he following:			
		DAVIT N	1 ~~			
	<del></del>	(Nam	OLTZ e of Person)			
		•	,			
	THE LIDS PROPERTIES LLC (Firm/Company)					
		(Firm	n/Company)			
		2985	AMHERSTWAY Address)			
		4)	Address)			
		THE 1/11/	NCES F1 32163			
		(City/Stat	A6ES, FL 32163 e and Zip Code)			
For further information concerning this matter, please call:						
	_	· ·				
	DAVIN MULT	r <b>z</b> .	at (541) 350-2143			
<del></del>	(Name of P	erson)	at ( <u>541</u> ) <u>350-2143</u> (Area Code & Daytime Telephone Number)			
	ck for the following amo					
<b>≱</b> \$25.00	Filing Fee and Certifica	te of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	MAILING AD		STREET/COURIER ADDRESS:			
Registration Section		etion	Registration Section			

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

TO:

Registration Section

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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1. The name of	a limited liability comp	anu ic		2015 SEP 28 PH 1: 53		
1. The hame of	· ·	PROPERTIES	/14			
	לעואשוו וי	IKOPERIJES	LLC	SECTION OF STATE		
2. The Articles	of Organization were fi	led on FEB, 13	3, 2003			
document nui	mber <u>L 03000</u>	005578				
Note: If the o	effective date the dissol (effective date canno date inserted in this block ocument's effective date of	does not meet the appl	icable statutory f	filing: $\frac{9/25/15}{1}$ date document is received for filing) illing requirements, this date will not be		
4. A description 605.0707, Flo	of occurrence that resurida Statutes, (copy 60:	ulted in the limited li 5.0707 on back cove	ability company letter).	y's dissolution pursuant to section		
	NO LONGER	IN BUSINESS				
5. If there are no	o members, enter the na	me and address of th	ne person appoi	inted to wind up the company's		
activities and	affairs:	DAVID M	ULTZ			
	2985 AMHERST WAY					
	THE VILLAGES, FL 32163					
6. Signature of a listed above to v	an authorized person or vind up the company's	if there are no mem activities and affairs	bers, the signat	ure of the person appointed and		
N	1 /M. 1to		7000	Muse		
M	avril Multz Signature	<del></del>	<i> ህብህ ያ</i> P	MULTZ rinted Name		

**FILING FEE: \$25.00**