

103000007345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

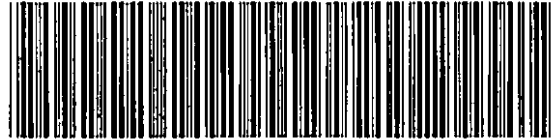
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200309384172

03/26/18--01013--007 \*\*25.00

2018 MAR 26 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

MAR 27 2018  
J. HARRIS

**COVER LETTER.**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LONGLEAF, 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:

THOMAS A. ROBINSON

(Name of Person)

ROBINSHORE, INC.

(Firm/Company)

13732 NW 10TH PLACE

(Address)

NEWBERRY FL 32669-3458

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL BOWERS

(Name of Person)

352 371-1992

at (

) (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

LONGLEAF, LLC

2. The Articles of Organization were filed on FEBRUARY 28, 2003 and assigned

document number L03000007345

3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 30, 2018  
(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).

NEED FOR THIS BUSINESS ENDED.

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

THOMAS A. ROBINSON

Printed Name

**FILING FEE: \$25.00**

200 MAR 26 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED