

L03000023174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

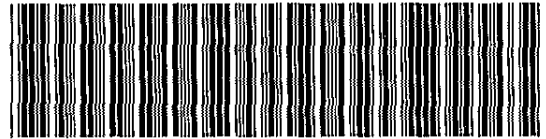
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 778347 7383631

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED  
2005 DEC 28 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : December 26, 2005

ORDER TIME : 9:55 AM

ORDER NO. : 778347-005

CUSTOMER NO: 7383631

DOMESTIC FILINGS

NAME: ANDERSON PROPERTY MANAGEMENT,  
LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT# 2935

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of a limited liability company is  
ANDERSON PROPERTY MANAGEMENT, LLC

2. The Articles of Organization were filed on 6/25/2003 and assigned document number  
LO3000023174

3. The date the dissolution was approved: 12/21/05

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. CHECK ONE:**

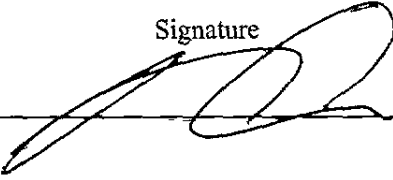
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature 

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name Noah Anderson

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FILING FEE: \$25.00**

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