

L04 000014523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

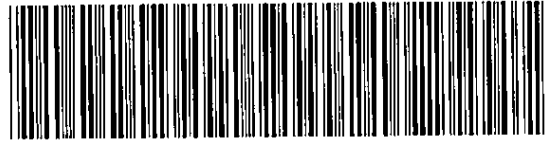
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

DEC 28 2023

Office Use Only



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2023 DEC 27 PM 2:26
RECEIVED
FILING OFFICE
TALLAHASSEE, FLORIDA

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FAIRWAYS, L.L.C.

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by: SETH 12/27

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAIRWAYS, L.L.C.

(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:

Conrad J. Boyle, Esq.

(Name of Person)

Mumbach, Boyle, Hardin & Simmons, P.A.

(Firm/Company)

100 NE 3rd Ave, Suite 1000

(Address)

Fort Lauderdale, Florida 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Conrad J. Boyle, Esq.

(Name of Person)

954

467-2200

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
FAIRWAYS, L.L.C.

2. The Articles of Organization were filed on 02/24/2004 and assigned
document number L04000014523

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).
The purpose of the company has been completed.

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:

Andrew Waldman

Signature

Andrew Waldman

Printed Name

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: FAIRWAYS, L.L.C.

Document number of Limited Liability Company is: L04000014523

Date of dissolution was: 12/27/2023

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

The identify of the parties involved, a detailed account of the nature of the claim(s), any documents
referenced in such account, the relief sought by the claimant(s), and any other information relevant to
such claim(s).

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

Conrad J. Boyle, Esq.
Mombach, Boyle, Hardin & Simmons, P.A.
100 NE Third Ave, Suite 1000
Fort Lauderdale, Florida 33301

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.

Andrew Waldman

Printed Name of the Person Filing

Andrew Waldman

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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(Firm/Company)

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(Address)

Fort Lauderdale, Florida 33301

(City/State and Zip Code)

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Courad J. Boyle, Esq.

(Name of Person)

954

at (

467-2200

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(Area Code & Daytime Telephone Number)

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