## L60000038097

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(0-		
(00	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer	
opedial instituctions to	. mig Omeen	

Office Use Only



200362423192

03/29/21--01015--019 \*\*25.00

2021 HAR 29 PH 1:59

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Divisi	on of Corporations			
SUBJECT: _	Camelot			
(Name of Limited Liability Company)				
The enclosed A	articles of Dissolution and	l fee(s) are submitte	ed for filing.	
Please return all correspondence concerning this matter to the following:				
	James		ck Torrerce	
	Car	relot (Firm	Homes LLC (Company)	
			OVILLE OH 43023 e and Zip Code)	
For further information concerning this matter, please call:				
	at Tovver		at (813) 494-6978  (Area Code & Daytime Telephone Number)	
\ \ \	ck for the following amount			
\$\$25.00	Filing Fee and Certificate o	f Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	g Address:		Street Address:	
	tration Section		Registration Section	
	Division of Corporations  Division of Corporations			
P.O. Box 6327 The		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  AMCLEA HOWES II.C.
2. The Articles of Organization were filed on and assigned
document number
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).
(DMQUOV)
HAR 29 P
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: fat Torrevie 95 5
117 S. Pearl St.
Granville, OH 43023
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:
TD+ Tocard
Signature Printed Name

FILING FEE: \$25.00