L040000028312

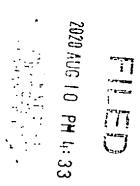
(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(3-	-	··-,	
	cument Number)		
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	•		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Eiling Officer:		
Special Instructions to Filing Officer:			
2319			
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Office Use Only



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06/15/20--01031--019 **25.00



AUG 1 0 2020 S. YOUNG



2020 W 15 PN 2: 75

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2020

CHRISTOPHER GODKIN 843 ALTALOMA AVENUE ORLANDO, FL 32803

SUBJECT: GODKIN DEVELOPMENTS, LLC

Ref. Number: L04000028312

We have received your document for GODKIN DEVELOPMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 520A00013503

THIS WAS MIREADY COMPLETED SIEF HICHLICASO ONNER ALLE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Godkin Development LLC				
(Name of Limited Liability Company)					
The enclosed	l Articles of Dissolution and fee(s) are submi	tted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Christopher Godkin				
	(Name of Person)				
	(Firm/Company)				
	843 Altaloma Avenue				
		(Address)			
	Orlando FL 32803				
	(City/St	ate and Zip Code)			
12					
for further ii	iformation concerning this matter, please cal	i:			
Chr	istopher Godkin	407 at (361-0501		
	(Name of Person)	(Area Cod	le & Daytime Telephone Number)		
Enclosed is a	check for the following amount:				
≡ \$25.	00 Filing Fee and Certificate of Dissolution		ee. Certificate of Dissolution & oy (additional copy is enclosed)		
	Mailing Address: Registration Section		Street Address: Registration Section		
-	vision of Corporations	Registration Section Division of Corporations			
). Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314			roe Street, Suite 810		
7 4.		Tallahassee, F			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Stenardic	FILING FEE: \$25.00	rinted Name	
Alle	Christopher Godkin	, 1-1	2020 AUS
6. Signature of an authorized person or if th above to wind up the company's activities at	nere are no members, the signation of the signation of the signature of th	ure of the person appoir	nted and listed
			
activities and affairs:	and address of the person uppor	med to wind up the cor	
Ceased to conduct business. 5. If there are no members, enter the name a	and address of the person appear	nted to wind up the con	
605.0707, Florida Statutes. (copy 605.070	07 on back cover letter).		
A description of occurrence that resulted	•	y's dissolution mursuan	t to section
3. The delayed effective date the dissolution (effective date cannot be Note: If the date inserted in this block does listed as the document's effective date on the	s not meet the applicable statutory	filing: 00/13/2020 n date document is received filing requirements, this d	for filing) late will not be
document number L04000028312		06/15/2020	
2. The Articles of Organization were filed o	on <u>04/13/2004</u>	and assigned	
1. The name of a limited liability company Godkin Developments, LLC			

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: Godkin Developme	ent, LLC
Document number of Limited Liability Company is: L0	4000028312
Date of dissolution was:	_
Description of information that must be included in a w	ritten claim:
Description of Claim	
Amount of Claim	
Mailing address where claims can be sent: (Claims can	not be sent to the Division of Corporations)
843 Altaloma Avenue	
Orlando, FL 32803	
A claim against the above named limited liability composition is commenced within 4 years after the filing of the	any will be barred unless a proceeding to enforce the is notice.
Christopher Godkin	OP/AL
Printed Name of the Person Filing	Signature of the Person Filing

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