

204 0000 75817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

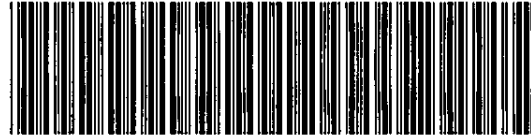
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200267496382

01/07/15--01008--028 **25.00

FILED
15 JAN - 7 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 16 2015

1131

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blackwater Crossing, 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:

Mark A Seibert

(Name of Person)

(Firm/Company)

1849 Twin Pine Blvd

(Address)

Gulf Breeze, Florida 32563

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark A Seibert

(Name of Person)

850

982-8158

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
Blackwater Crossing, LLC
2. The Articles of Organization were filed on May 11, 2004 and assigned
document number L04000035817
3. The delayed effective date the dissolution if not effective on the date of filing: Jan 31, 2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
Written consent of all the Members to dissolve the Company.
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

Mark A Seibert/ managing member

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: Blackwater Crossing, LLC

Document number of Limited Liability Company is: L04000035817

Date of dissolution was: 01-31-2015

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

- 1) Full name of business _____
- 2) Contact name and position _____
- 3) Mailing address and contact phone # _____
- 4) Nature of debt including date, items, and amounts. _____
- 5) Proof of debt. _____

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

1849 Twin Pine Blvd
Gulf Breeze, FL 32563

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TALLAHASSEE, FLORIDA

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.

Mark A Seibert

Printed Name of the Person Filing

Mark A Seibert

Signature of the Person Filing

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