

2040000 5947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

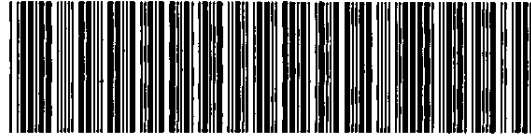
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300268270863

01/15/15--01020--015 **25.00

FILED
15 JAN 15 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roaring Fork Lodge, 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:

Lynne H. Whitmore

(Name of Person)

Roaring Fork Lodge, LLC

(Firm/Company)

4034 Roberts Point Road

(Address)

Sarasota, FL 34242-1162

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynne H. Whitmore

(Name of Person)

407

at (

496-6195

) (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

Roaring Fork Lodge, LLC

2. The Articles of Organization were filed on 08/12/2004 and assigned

document number L04000059947

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)

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).

Upon the written consent of all the members of the limited liability 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 as listed above to wind up the company's activities and affairs:


Signature

Lynne H. Whitmore
Printed Name

FILING FEE: \$25.00

FILED
15 JAN 15 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA