

10400004481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

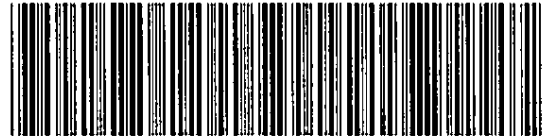
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200303578402

09/28/17--01021--003 **25.00

SEP 28 AM 11:06
J. HARRIS

SEP 29 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notice of Limited Liability Company Dissolution

DOCUMENT NUMBER: L04000061481

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John A Owens

(Name of Contact Person)

(Firm/Company)

3019 N Shannon Lakes Drive, STE 201

(Address)

Tallahassee FL 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

John Owens

(Name of Contact Person)

at (**850**) **212-5849**

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Notice of Limited Liability Company Dissolution

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: South Walton Ventures I, LLC

Document number of Limited Liability Company is: L04000061481

Date of dissolution was: 10/1/2017

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

Basis for any claim, parties impacted, dollar value of claim
method for computing the value of the claim

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

3019 N Shannon Lakes Drive

STE 201

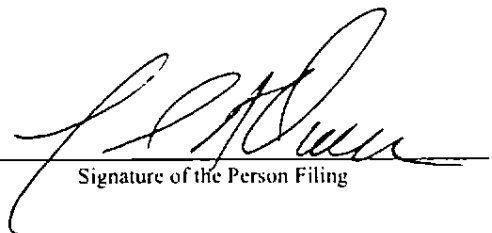
Tallahassee FL 32309

2017 SEP 28 AM 11:06

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.

John A Owens

Printed Name of the Person Filing



Signature of the Person Filing