

LO5000001092

8/21/2015

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DELOACH, PL
Account Number : I20030000125
Phone : (407)480-5005
Fax Number : (407)480-5025

2016 AUG 24 AM 9:07

LLC DISSOLUTION OR WITHDRAWAL
PALM ISLAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2016 AUG 24 PM 1:37

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T. CLINE
AUG 27 2018
EXAMINER

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
PALM ISLAND, LLC

2. The Articles of Organization were filed on 01/04/2005 and assigned
document number L05000001092

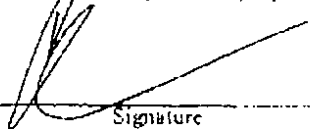
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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).
Consent of all members in accordance with Florida Statute 605.0701(2).

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:

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Signature

Chad G. Dunance

Printed Name

FILING FEE: \$25.00

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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: PALM ISLAND, LLC

Document number of Limited Liability Company is: L05000001092

Date of dissolution was: _____

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

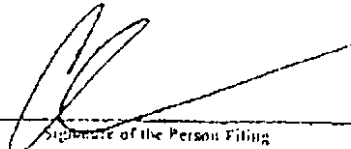
Basis for the claim; amount claimed; name and address of creditor; security for claim, if any; and whether claim is currently due or involves an uncertainty, and, if not due, then the due date and, if contingent or unliquidated, the nature of the uncertainty.

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

PO Box 320134
Tampa, Florida 33679

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.

Chad G. Durrance
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

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