L05000047275

(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

600267565486

12/18/14--01016--005 **25.00

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14 DEC 18 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 19 2014

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
OCHILTREE ASSOCIATES LLC

2. The Articles of Organization were filed on 05/06/2005 and assigned

document number L05000047275

3. The delayed effective date the dissolution if not effective on the date of filing: 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).
THE LLC IS DISSOLVED AND ITS ACTIVITIES AND ITS AFFIARS COMPLETED

AT THE CONSENT OF ALL MEMBERS.

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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:

X Eric J Ochiltree
Signature

ERIC J OCHILTREE
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: OCHILTREE ASSOCIATES LLC

Document number of Limited Liability Company is: L05000047275

Date of dissolution was: 12/05/2014

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

COPY OF INVOICE AND SIGNED PURCHASE ORDER BY LLC MEMBER

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TALLAHASSEE FLORIDA

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

ERIC J OCHILTREE

1395 CASTLE PINES CIRCLE

ST. AUGUSTINE, FLORIDA 32092

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.

ERIC J OCHILTREE
Printed Name of the Person Filing

X Eric J Ochiltree
Signature of the Person Filing

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