

L05000104957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

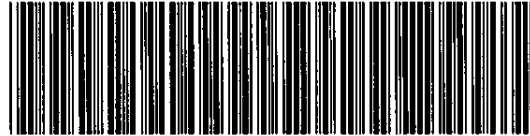
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/27/15--01012--009 **25.00

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15 FEB 27 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4720 West Cypress, 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:

Barbara W. Parker

(Name of Person)

(Firm/Company)

3604 W Swann Avenue

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Miller

(Name of Person)

813

876-4840

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
4720 West Cypress, LLC
2. The Articles of Organization were filed on 10/26/2005 and assigned
document number L05000104957
3. The delayed effective date the dissolution if not effective on the date of filing: 2/28/2015
(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).
The LLC has concluded its business. The sole Member agrees to voluntarily
dissolve the LLC at this time.
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:

Barbara W. Parker
Signature

Barbara W. Parker

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: 4720 West Cypress, LLC

Document number of Limited Liability Company is: L05000104957

Date of dissolution was: 2/28/2015

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

Any claim must contain a detailed description of the relationship and business dealings that created the claim complete with supporting documentation and contact information to allow an appropriate review and response. When a claim is based on a writing, a copy of the writing must be included with the claim.

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

Mrs. Barbara W. Parker

3604 W Swann Avenue

Tampa, FL 33609

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.

Barbara W. Parker

Printed Name of the Person Filing

Barbara W. Parker

Signature of the Person Filing

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