105000108806

(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

CROSSWOOD LLC

SUBJECT:

(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:

SANDRA HAAB

(Name of Person)

KEYS ACCOUNTING & TAX SERVICE INC

(Firm/Company)

P O BOX 1578

(Address)

KEY LARGO, FL 33037

(City/State and Zip Code)

For further information concerning this matter, please call:

KELLY SHAW

_{...}305

664-7303

(Name of Person)

(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 CROSSWOOD LLC		
2.	The Articles of Organization were filed on and assigned		
	document number L05000108806		
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 seffective date on the Department of State records.		
4.	A description of occurrence that resulted in the limited liability company sissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).		
	ALL ASSETS OF THE LLC WERE SOLD AND ALL FUNDS DISTRIBUTED.		
5.	If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company! s activities and affairs:		
1	Melly Shaw KELLY SHAW		
	Signature Printed Name		

FILING FEE: \$25.00