Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000248270 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone (407)425-7010

Fax Number (407)425-2747

> LLC DISSOLUTION OR WITHDRAWAL LONGWOOD HD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY SEP 2 2 2017 (({H17D00248270 3)))

COVER LETTER ·

-	ristration Section ision of Corporations	•				
m a mar	LONGWOOD HD, LLC		•			
SUBJECT:	(Name of Limit	ed Liability Compa	ny)			
	d Articles of Dissolution and fee(s) are submitt n all correspondence concerning this matter to					
	Amy E. Jellicorse, Esq.					
	·	ec of Person)				
	Zimmerman Kiser Sutcliffe, P.A. (Firm/Company)					
	315 E. Robinson Street, Suite 600					
	Orlando, FL 32801	Address).				
		ute and Zip Code)				
For further i	information concerning this matter, please call:					
Amy E. Jellicorse, Esq.		407	425-7010			
	(Name of Person)	(Area C	ode & 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	Regi Divi Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle ahassee, FL 32301			

(((H17000248270 3)))

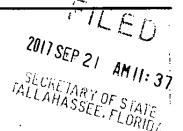
ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2017 SEP 21 AM 11: 37
TAILAHASSEE. FLORIS

LONGWOOD HD, LLC		
The Articles of Organization	on were filed on	and assigned
document number L060000	000013	_
The delayed effective date (effective Note: If the date inserted in listed as the document's effe	e date cannot be prior to or mor this block does not meet the	re than 90 days later than date document is received for filing applicable statutory filing requirements, this date will
. A description of occurrence 605,0707, Florida Statutes,	te that resulted in the limit (copy 605.0707 on back	ted liability company's dissolution pursuant to sec cover letter).
The occurrence specified in 6	05.0701(2) of the LLC Act -	the written consent of all of the voting members of th
Company to dissolve the Com	npany and wind up its affairs	ī.
. If there are no members, e	nter the name and address Mark S. Yahn, as Manag	s of the person appointed to wind up the company ger
		٠.
	,	
	·),-
 Signature of an authorized isted above to wind up the co 	person or if there are no ompany's activities and af	members, the signature of the person appointed a
malak:	•	Mack S. Yahn, as Manager
Signature		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: LONGWOOD HD, LLC	
Document number of Limited Liability Company is: L060000000	013
Date of dissolution was:	
Description of information that must be included in a written claim	1:
1. Name of alleged creditor individual	or entity.
2. Contract or other evidence of service/vendo	r or customer relationship.
3. Amount of alleged outstanding deb	t or services owed.
4. Accounting of alleged outstanding p	payments.
Mailing address where claims can be sent: (Claims cannot be sent	to the Division of Corporations)
1746 Greystone Court	
Longwood, FL 32779	
	'
A claim against the above named limited liability company will be claim is commenced within 4 years after the filing of this notice.	barred unless a proceeding to enforce the
•	
Mark S. Yahn, as Manager	Megal
Printed Name of the Person Filing	Signature of the Person Filing