

206 00084047

(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



500266509575

11/17/14--01013--010 **25.00

FILED
14 NOV 17 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLEGRO PALMS #303 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:

TIM SELLARD

(Name of Person)

TIMELINE PROPERTIES

(Firm/Company)

7114 NE 167TH ST

(Address)

KENMORE, WA 98028

(City/State and Zip Code)

For further information concerning this matter, please call:

TIM SELLARD

(Name of Person)

425

780-8752

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
ALLEGRO PALMS #303 LLC
2. The Articles of Organization were filed on UNKNOWN and assigned
document number UNKNOWN
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)
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).
ALL PRINCIPALS AND OFFICERS MUTALLY AGREED DISSOLUTION OF
BUSINESS ENTITY
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: TIM SELLARD 7114 NE 167TH ST, KENMORE, WA 98028
6. Signature of an authorized person or if there are no members, the signature of the person appointed as
listed above to wind up the company's activities and affairs:



Signature

TIM SELLARD

Printed Name

FILING FEE: \$25.00

14 NOV 17 PM 1:59
FILED
STATE OF FLORIDA
ALLAHBACH