

L06000108298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

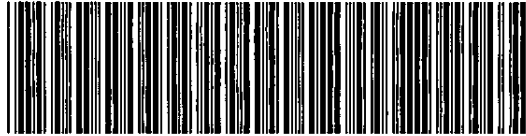
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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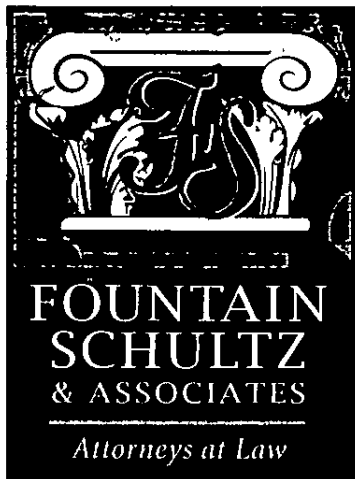


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02/16/16--01005--029 **25.00

FILED
2016 FEB 16 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 16



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

February 11, 2016

VIA REGULAR U.S. MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

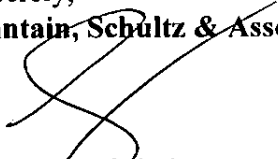
RE: Articles of Dissolution – Perdido Lost Key, LLC

Enclosed please find the original and one copy of the Articles of Dissolution for Perdido Lost Key, LLC. Also enclosed is check #5127 in the amount of \$25.00 for filing the Articles of Dissolution.

Please return a filed copy to me in the self addressed, postage paid envelope.

If you have any questions, please do not hesitate to contact our office. Thank you for your consideration.

Sincerely,
Fountain, Schultz & Associates, P.L.


Kerry Anne Schultz

KAS: cas
Enclosures

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FLORIDA 32566
TEL: (850) 939-3535
FAX: (850) 939-3539

SANTA ROSA BEACH
TEL: (850) 622-2700
FAX: (850) 622-2722

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perdido Lost Key, 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:

Kerry Anne Schultz, Esq.

(Name of Person)

Fountain Schultz & Associates, P.L.

(Firm/Company)

2045 Fountain Professional Court, Suite A

(Address)

Navarre, Florida 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Anne Schultz, Esq. at 850 939-3535

(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

FILED
2016 FEB 16 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Perdido Lost Key, LLC

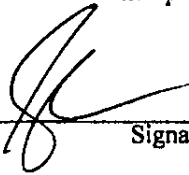
2. The Articles of Organization were filed on 11/07/2006 and assigned
document number L06000108298

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's effective date on the Department of State's records.

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).
Pursuant to the unanimous consent of the Members and the Operating Agreement, the Members have voted to
dissolve the limited liability company.

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:



Signature

Steven Hall

Printed Name

FILING FEE: \$25.00