

L07000022686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

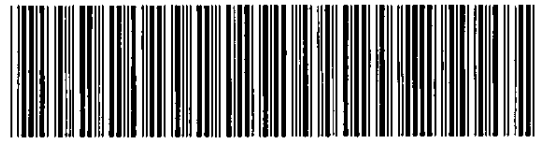
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
15 DEC 30 PM 4:33
SUFFICIENCY OF FILING

2015 DEC 30 AM 10:18
EMBASSY OF THE STATE
IN LONDON

DEC 31 2015
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 937757 82866A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : December 30, 2015
ORDER TIME : 3:29 PM
ORDER NO. : 937757-005
CUSTOMER NO: 82866A

DOMESTIC FILINGS

NAME: BAD MOON RISING III, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bad Moon Rising III, 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:

Justin P. Callaham

(Name of Person)

Clark, Campbell, Lancaster & Munson, P.A.

(Firm/Company)

500 South Florida Avenue, Suite 800

(Address)

Lakeland, Florida 33801

(City/State and Zip Code)

For further information concerning this matter, please call:

Justin P. Callaham

(Name of Person)

at (863) 647-5337

(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

Bad Moon Rising III, LLC

2. The Articles of Organization were filed on 02/28/2007 and assigned

document number L07000022686

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

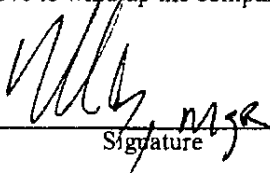
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The Manager determined that the dissolution of the LLC is in the best interest of the LLC and its Members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: n/a

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

Ronald L. Clark, Manager of Bad Moon Rising III, LLC

Printed Name

FILING FEE: \$25.00

2015 DEC 30 AM 10:18
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Bad Moon Rising III, LLC

Document number of Limited Liability Company is: L07000022686

Date of dissolution was: 12/31/2015

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

The name of the claimant, a description of the claim, and an address at which the claimant may be contacted.

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

500 South Florida Avenue, Suite 800

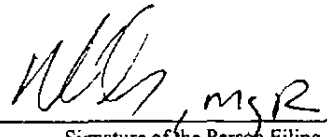
Attn.: Ronald L. Clark

Lakeland, Florida 33801

2015 DEC 30 AM 10:18
STATE OF FLORIDA
TALLAHASSEE

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.

Ronald L. Clark
Printed Name of the Person Filing


Signature of the Person Filing

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