

107000025974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

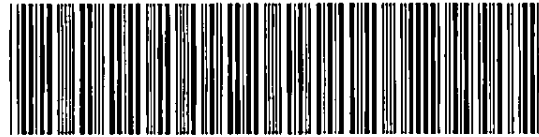
(Business Entity Name)

(Document Number)

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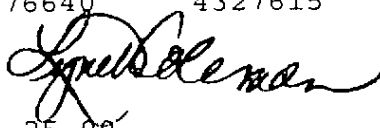
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 876640 4327615  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : August 9, 2019  
ORDER TIME : 12:37 PM  
ORDER NO. : 876640-005  
CUSTOMER NO: 4327615

DOMESTIC FILINGS

NAME: ERDENHEIM FARM SOUTH, 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: Amanda Robinson - EXT# 62968

EXAMINER'S INITIALS: \_\_\_\_\_

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Erdenheim Farm South, LLC

2. The Articles of Organization were filed on 03/08/2007 and assigned

document number L07000025974

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).

Written consent of the sole member pursuant to 605.0701(2), Florida Statutes

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

Edith Dixon Miller

Printed Name

**FILING FEE: \$25.00**

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AND  
FILED