Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)876-5368

LLC DISSOLUTION OR WITHDRAWAL **ROYAL PALM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

HOV 1 3 2014

T. HAMPTOM

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is			
	Royal Palm LLC			
2.	The Articles of Organization were filed on Merch 19, 2007 and assigned			
	document number L07000029554			
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).			
The written consent of all 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:				
	<u> </u>			
6. li	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:			
	Signature Bridley L. Smith			
	Signature Printed Name			
	DIL sales were the con-			

FILING FEE: \$25.00

SECRETARY OF STATE

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: Royal Palm LLC		_
Document number of Limited Liability Company is:	07000029554	_
Date of dissolution was: 11/18/2014		
Description of information that must be included in a	written claim;	
The name, address and telephone number of the claimant,	the basis for the claim, the date or approximate	
date on which the claim prose, and the dollar amount or es	timated dollar amount of the claim.	-
		~
		~
Mailing address where claims can be sent: (Claims c	annot be sent to the Division of Corporations)	
40 South Washington Street, New Bremen, Ohio	45869	TALLAR TABLE
		ASSET OF
		The H
		7: 56 FL BATE
A claim against the above named limited liability co- claim is commenced within 4 years after the filing o	mpany will be barred unless a proceeding to enforce f this notice.	e lhe
	2 ¹	
Bradley L. Smith	Missible gettink	
Printed Name of the Person Filing	Signature of the Person Filling	

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