

L0700000 40178

(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



200271314222

04/06/15--01046--005, **25.00

FILED
2015 APR -6 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 236 Canal Street, 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:

Brooke Bishop

(Name of Person)

236 Canal Street, LLC

(Firm/Company)

1225 Saltcreek Island Drive

(Address)

Ponte Vedra Beach, FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Brooke Bishop

(Name of Person)

904

982-2713

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
236 Canal Street, LLC
2. The Articles of Organization were filed on 4/16/2007 and assigned
document number L07000040178
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).
Company has concluded its business activities and is voluntarily dissolving.

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

Brooke Bishop
Printed Name

FILING FEE: \$25.00

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2015 APR -6 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

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: 236 Canal Street, LLC

Document number of Limited Liability Company is: L07000040178

Date of dissolution was: April 1, 2015

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

Company Name

Contact Information

Description of Claim

Documentation Supporting Claim

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

Adams, Rothstein & Segel

C/O Liana Rothstein

4417 Beach Boulevard, Suite 104

Jacksonville, FL 32207

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Brooke Bishop

Printed Name of the Person Filing

Brooke Bishop
Signature of the Person Filing