

LD7000051272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAR 25 2015  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACORN WAY, 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:

Richard J. Clesen, Manager

(Name of Person)

(Firm/Company)

414 ROSEMEADE LANE

(Address)

NAPLES, FL 34105 FL

(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Richard J. Clesen, Manager

(Name of Person)

239

649-0382

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

Acorn Way, LLC

2. The Articles of Organization were filed on 05/15/2007 and assigned

document number L07000051272

3. The delayed effective date the dissolution if not effective on the date of filing: n/a  
(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 consent of all the 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:

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

Richard J. Clesen, Manager  
Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA

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## 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: ACORN WAY, LLC

Document number of Limited Liability Company is: L07000051272

Date of dissolution was: date of filing Art. of Disso.

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

Claimant's name, street address, mailing address (if different), contact person's name,  
telephone number and e-mail address. Amount of claim. Date claim incurred. Basis  
of claim. Credits applied to claim. Description of collateral securing the claim, if any.  
Names and address of others claimant believes are responsible for payment of the  
claim.

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

Acorn Way, LLC

c/o Richard J. Clesen, Manager

414 ROSEMEADE LANE

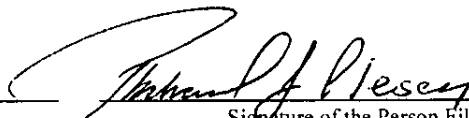
NAPLES, FL 34105 FL

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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.

Richard J. Clesen

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**