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MAY 20 2019 S. YOUNG

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

Cypress Trails Horse Farm, 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:

# Adrienne L. Larson (Name of Person) Cypress Trails Horse Farm, LLC (Firm/Company) P.O. Box 10993 (Address) Tampa, FL. 33679

(City/State and Zip Code)

For further information concerning this matter, please call:

Adrienne Larson	<sub>at (</sub> 813	ຸ289-3660
(Name of Person)	(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 &

#### **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

Certified Copy (additional copy is enclosed)

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Cypress Trails Horse Fa	urm. LLC	
. The Articles of Organ	ization were filed on 07/13/2007	and assigned
document number L0	7000073128	
Note: If the date insert	date the dissolution if not effective on the datective date cannot be prior to or more than 90 days lated in this block does not meet the applicable status effective date on the Department of State's reco	utory filing requirements, this date will not
. A description of occu 605.0707, Florida Stat	rrence that resulted in the limited liability coutes, (copy 605.0707 on back cover letter).	mpany's dissolution pursuant to sectio
	all assets were sold by December 31, 2018. Al	l members agreed and consented to
Dissolve the Cypress Ti	ailsHorse Farm,, LLC entity.	
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		· 2
If there are no member activities and affairs:	ers, enter the name and address of the person	appointed to wind up the company's
activities and artains.		
i. Signature of an authoristed above to wind up t	rized person or if there are no members, the she company's activities and affairs:	signature of the person appointed and
Parinne L	Adricance L.	Larson ,MGRM Printed Name

FILING FEE: \$25.00