

LD7000087964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

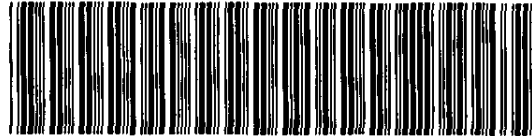
(Business Entity Name)

(Document Number)

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2015 JAN 14 PM 5:28
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TALLAHASSEE FLORIDA

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JAN 28 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALACHUA HERITAGE, 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:

THOMAS P. GAUSE, MERM
(Name of Person)

(Firm/Company)

PO Box 48

(Address)

LACROSSE, FL 32658
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS P. GAUSE
(Name of Person)

at (386) 462-2786
(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

ALACHUA HERITAGE LLC

2. The Articles of Organization were filed on AUGUST 28, 2007 and assigned
document number L07000087964

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).

MANAGING MEMBER OF LLC HAS BECOME TOO
OLD TO CONTINUE OPERATIONS,

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: _____

Thomas P. Gause, MGRM
Signature

THOMAS P. GAUSE
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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