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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH: ELP?

Account Number : I20160000074

Phone

: (407)839-4277

Fax Number

: (407)839-4264

LLC DISSOLUTION OR WITHDRAWAL A.R. BAILEY HOMES, LLC

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CO	VER	LETTER	

TÓ:	Registratio Division of	n Section Corporations		
	A.R. Bai	ley Homes, LLC		
SUBJ	ECT:	ley Homes, LLC		
DOC	UMENT NUN	1BER: L07000093767		
The er	nclosed Notice	of Limited Liability C	Company Dissolution and	fee are submitted for filing.
Please	return all corr	espondence concerning	this matter to the following	ng:
Amy J	. Smith			
		(Name of C	Contact Person)	2021 J
		(Firm	/Company)	J/N 22
44171	3th Street, #361			
		(Ad	dress)	T S
Saint C	Cloud, Florida 34	769		BINIS SINIE
		(City/State	e and Zip Code)	
For fu	rther informat	ion concerning this matt	er, please call:	
			at ()	
	(Name of	Contact Person)	(Area Code) (1	Daytime Telephone Number)
Enclos	sed is a check	for the following amoun	it:	
□\$25	Filing Fee	□\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$60 Filing Fec, Certificate of Status & Certified Copy (Additional copy is enclosed)
Rep Div P.C	ailing Address gistration Sect vision of Corpo D. Box 6327 Hahassee, FL 3	ion orations	Street Addres Registration S Division of Co The Centre of 2415 N, Monr Tallahassee, F	ection orporations Tallahassee oc Street, Suite 810

3/003

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 Limit	ted Liability Company: A.R. Bailey Homes, LLC
Document num	nber of Limited Liability Company is: L07000093767
	12/03/2020 ation was:
Description of	information that must be included in a written claim:
Name, address	and telephone number of the person or entity making the claim; amount of the elaim;
date the claim v	vas incurred; and a description of the claim.
	Entropy of the second of the s
	72 +
Mailing addres	Amy J. Smith
	4417 13th Street, #361
	Saint Cloud, Florida 34769
	at the above named limited liability company will be barred unless a proceeding to enforce the claim ithin 4 years after the filing of this notice.
Amy J. Smith	Any I Inith
	Printed Name of the Person Filing Signature of the Person Filing