

LO7000115969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

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15 JAN 20 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.FEB - 2 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSB Reacquisition, LLC

DOCUMENT NUMBER: L07000115969

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meg Johnston

(Name of Contact Person)

Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C.

(Firm/Company)

425 West Capitol, Suite 1800

(Address)

Little Rock, AR 72201

(City/State and Zip Code)

For further information concerning this matter, please call:

Meg Johnston

(Name of Contact Person)

at (**501**)

(Area Code)

688-8870

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MITCHELL WILLIAMS

Shena Phagan
Direct Dial: 501-370-4242
Fax: 501-918-7242
E-mail: sphagan@mwlaw.com

425 West Capitol Avenue, Suite 1800
Little Rock, Arkansas 72201-3525
Telephone: 501-688-8800
Fax: 501-688-8807

January 15, 2015

VIA U.S. MAIL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: OSB Reacquisition, LLC


Dear Clerk:

Enclosed please find one original and one copy of the Articles of Dissolution, Cover Letter and Notice of Limited Liability Company Dissolution with respect to OSB Reacquisition, LLC, to be recorded in your office. I have also included a \$25.00 check to pay for the associated filing fee.

Please return a file-stamped copy to me in the enclosed self-addressed stamped envelope. If you have any questions or problems with the filing, please contact me.

Best regards,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.

By 
Shena Phagan
Paralegal

/sp
Enclosures

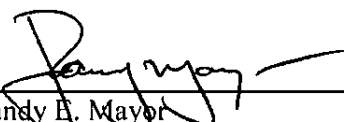
**ARTICLES OF DISSOLUTION
FOR
OSB REACQUISITION, LLC.**

FILED
15 JAN 20 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is OSB Reacquisition, LLC.
2. The Articles of Organization were filed on November 16, 2007 and assigned document number L07000115969.
3. The dissolution was approved on January 12, 2015.
4. As required by Section 609.441, Florida Statutes, the sole member of the limited liability company agreed in a written consent to dissolve the limited liability company.
5. All debts, obligations and liabilities of the limited liability company have been paid or discharged.
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
7. There are no suits pending against the company in any court.

Signature of a manager of the company and the sole member owning 100% of the company and having the membership interests necessary to approve the dissolution:


MANAGER:



Randy B. Mayor

MEMBER:

CENTENNIAL BANK



Name: Tracy French
Title: President

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: OSB Reacquisition, LLC

Document number of Limited Liability Company is: L07000115969

Date of dissolution was: 01/29/15

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

Name, address, phone number, fax, and electronic mail address of claimant;
a description of the nature of the claim including, but not limited to, the
amount claimed and date incurred; and any supporting documentation for the claim

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

Centennial Bank

Attn: President

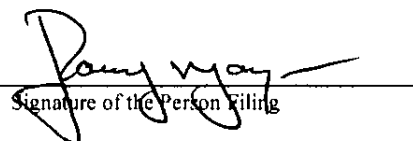
620 Chestnut St

Conway, AR 72032

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.

Randy E. Mayor

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