

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER -

TO: Registration Section Division of Corporations

Bellacroft, LLC SUBJECT:

(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:



Rick Griswold

(Name of Person)

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee and Certificate of Dissolution

MAILING ADDRESS:

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

561 990-1625

(Area Code & Daytime Telephone Number)

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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
	Bellacroft,	LLC				

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2. The Articles of Organization were filed on January 2, 2008 ______ and assigned

document number L08000000	165
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3. The delayed effective date the dissolution if not effective on the date of filing: $\frac{8/15/17}{(effective date cannot be prior to or more than 90 days later than date document is received for filing)}$

(effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Not conducting business any longer	IOH IL
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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Rick Griswold

3651 FAU Blvd; Suite 400

Boca Raton, FL 33431

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:

* Ilin	Robert Kennedy	
Signature	Printed Name FILING FEE: \$25.00	