

LO8000052040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100258168271

03/31/14--01031--010

~~25.00~~ 25.00

FILED
2014 MAR 31 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 3 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shelbran Farms, 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:

Stephen R Holgate

(Name of Person)

(Firm/Company)

1749 SE 59th Street

(Address)

Ocala, FL 34480

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen R Holgate

(Name of Person)

352

502-2924

at (

) (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:

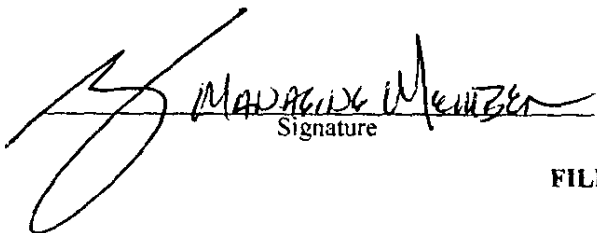
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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

1. The name of a limited liability company is
Shelbran Farms, LLC
2. The Articles of Organization were filed on 05/23/2008 and assigned
document number L08000052040
3. The delayed effective date the dissolution if not effective on the date of filing: 03/31/2014
(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).
No longer in business
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:


Signature

Stephen Holgate
Printed Name

FILING FEE: \$25.00

FILED
2014 MAR 31 PM 1:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Shelbran Farms, LLC

Document number of Limited Liability Company is: L08000052040

Date of dissolution was: 03/31/2014

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

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

1749 SE 59th Street

Ocala, FL 34480

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2014 MAR 31 PM 1:31
STATE OF FLORIDA
TALLAHASSEE

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.

Stephen Holgate

Printed Name of the Person Filing

MAURENCE MEMBER
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00