

LO8000062669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

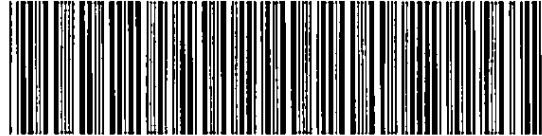
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/05/18--01017--000 **25.00

2018 JUL -5 AM 9:08
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

JLS
07/10/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parkway Office Partners, 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:

Scott Hawkins

(Name of Person)

Parkway Office Partners, LLC

(Firm/Company)

3350 Riverwood Pkwy #750

(Address)

Atlanta, GA 30339

(City/State and Zip Code)

For further information concerning this matter, please call:

Alexandra Logan

(Name of Person)

at (770) 436-1994

(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

Parkway Office Partners, LLC

2. The Articles of Organization were filed on 6-26-2008 and assigned

document number L08000062669

3. The delayed effective date the dissolution is not effective on the date of filing: date of filing
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: 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).

Sold all property owned by the entity

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Scott Hawkins

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:

Scott Hawkins
Signature

Scott D Hawkins
Printed Name

FILING FEE: \$25.00

CLERK OF THE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2008 JUL -5 AM 9:08

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: Parkway Office Partners, LLC

Document number of Limited Liability Company is: 208000062669

Date of dissolution was: upon filing

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

N/A

2018 JUL -5 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

4403 Northside Parkway
Suite 1103
Atlanta GA 30327

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.

Scott Hawkins

Printed Name of the Person Filing

Scott Hawkins

Signature of the Person Filing

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