

L08000097145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

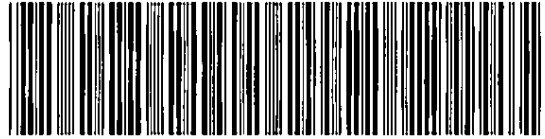
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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FILED

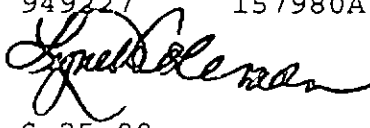
2017 DEC 11 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 DEC 11 AM 9:16

K SALY
DEC 12 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 949227 157980A
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : December 11, 2017
ORDER TIME : 1:10 PM
ORDER NO. : 949227-005
CUSTOMER NO: 157980A

DOMESTIC FILINGS

NAME: ALBANY COTTAGE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

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2017 DEC 11 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Albany Cottage, LLC

2. The Articles of Organization were filed on October 14, 2008 and assigned

document number L08000097145

3. The delayed effective date the dissolution is not effective on the 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).

The LLC no longer conducts 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

Kenneth D. Ullman

Printed Name

FILING FEE: \$25.00

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: Albany Cottage, LLC
Document number of Limited Liability Company is: L08000097145
Date of dissolution was: December 4, 2017

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

The name of the creditor.
The amount of the claim.
The legal basis for the claim.
If the claim is based on a written contract, a copy of the contract.

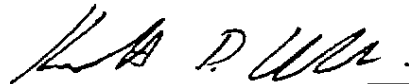
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Kenneth D. Ullman
26501 S. Tamiami Trail
Bonita Springs, Florida 34134

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.

Kenneth D. Ullman

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

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TALLAHASSEE, FLORIDA