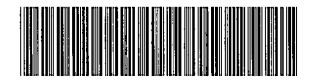
108000106129

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000326368390

04/19/19--01027--003 **25.00

SECRLIARY OF STATE
ALL ABASSEE, FLORIDA

APR 29 **2019 T SCHROEDE**R

COVER LETTER

TO:

Registration Section Division of Corporations

Orange branch 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:

Robert Godwin		
(Name of Person)		
(Firm/Company)		
PO Box 149285		
(Address)		
Orlando FL 32814		
(City/State and Zip Code)		

For further information concerning this matter, please call;

Robert Godwin

(Name of Person)

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

The name of a limited liability economic orange branch LLC	ompany is
2. The Articles of Organization wer	re filed on 11/14/2008 and assigned
document number	
teffective date of Note: If the date inserted in this bloom	ssolution if not effective on the date of filing: cannot be prior to or more than 90 days later than date document is received for filing) ook does not meet the applicable statutory filing requirements, this date will not be ate on the Department of State's records.
4. A description of occurrence that 605.0707. Florida Statutes, (copy	resulted in the limited liability company's dissolution pursuant to section 605.0707 on back cover letter).
• • •	ers of the limited liability company
5. If there are no members, enter the	e name and address of the person appointed to wind up the company
activities and affairs:	AP AP AP A
	(Sec. 19)
	<u></u>
	31E 32
5. Signature of an authorized person isted above to wind up the company	n or if there are no members, the signature of the person appointed and v's activities and affairs:
	Robert Godwin
\ Signature	Printed Name

FILING FEE: \$25.00