

LO8000116581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

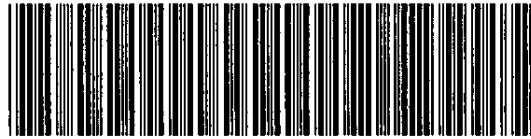
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300296406923

03/27/17--01007--015 **25.00

MAR 28 2017
S. YOUNG

NEED
SECRETARY OF STATE
FALL AHAOSSE, FLORIDA
17 MAR 27 PM 2:34

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLYMPIA 305 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:

HOWARD GOODPASTER
(Name of Person)

(Firm/Company)

101 POQUITO Rd
(Address)

SHALIMAN, FL 32579
(City/State and Zip Code)

17 MAR 27 PM 2:34
NEED STATE
SECRETARY OF FLORIDA
TALLHASSEE, FL

For further information concerning this matter, please call:

HOWARD GOODPASTER at (850) 585 8031
(Name of Person) (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

OLYMPIA 305 LLC

2. The Articles of Organization were filed on Dec 23, 2008 and assigned

document number L08000116581

3. The delayed effective date the dissolution if 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 property listed under the LLC was
sold on 3-6-2017

FILED STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 MAR 27 PM 2:36

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

activities and affairs:

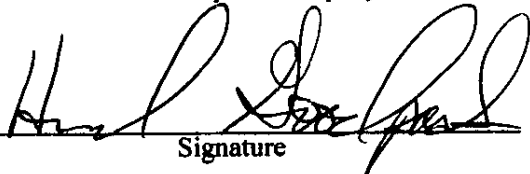
HOWARD GOODPASTER

101 PO QUETO RD

SHALIMAR, FL 32579

850-585-8031

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

HOWARD GOODPASTER
Printed Name

FILING FEE: \$25.00