

LD9000004640

(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



300271086013

04/09/15--01004--020 **25.00

FILED
2015 APR -9 PM 3:57
CLERK OF STATE
TALLAHASSEE FLORIDA

APR 22 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M&J @ OLD TOWNE, 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:

Charles Michael Polk, III

(Name of Person)

(Firm/Company)

PO Box 510215

(Address)

Punta Gorda, FL 33951

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Michael Polk, III

(Name of Person)

941

205-2033

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

FILED
2015 APR -9 PM 3:57
TALLAHASSEE FLORIDA
CLERK OF STATE

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

1. The name of a limited liability company is

M&J @ OLD TOWNE, LLC

2. The Articles of Organization were filed on 01/14/2009 and assigned

document number L09000004640

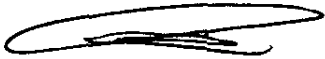
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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 Condominium Unit

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

CHARLES MICHAEL POLK, III

Printed Name

FILING FEE: \$25.00

2015 APR 9 PM 3:57
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED