# 109000110397

(Re	equestor's Name)	·
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
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### **COVER LETTER**

Division of Corporations				
SUBJECT: DEER CROSSING 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:				
PATRICIA F. COLEBURN				
(Name of Person)				
PATRICIA F. COLEBURN (Name of Person)  COLEBURN ENTERPRISES, LLC (Firm/Company)				
(Firm/Company)				
(Firm/Company)  P.O. Box 321  (Address)				
(Address)				
MADISON, FL 32341 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
PATRICIA F. COLEBURN at (850) 464-1002 (Name of Person) (Area Code & Daytime Telephone Number)				
(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 lia	ability company is	
DEER C	ROSSING, LLC	•
2. The Articles of Organiza	ation were filed onand assig	ned
document number 40	9000110397	
Note: If the date inserted	ate the dissolution if not effective on the date of filing: 470- tive date cannot be prior to or more than 90 days later than date document is re in this block does not meet the applicable statutory filing requirements. If feetive date on the Department of State's records.	
I. A description of occurrent 605.0707, Florida Statute	nce that resulted in the limited liability company's dissolution pes, (copy 605.0707 on back cover letter).	ursuant to section
THIS LAN	D is NOT being developed.	
•		
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o. If there are no members,	enter the name and address of the person appointed to wind up the PATRICIA F. COLFBURY	the company
activities and affairs:	PATRICIA F. COLEBURN	
	P.O. BOX 321	
		THE PART OF
	MADISON FL 32341	5 N F
		DIE W
Signature of an authorize isted above to wind up the	ed person or if there are no members, the signature of the person company's activities and affairs:	appointed and
Titicia F. Cel	lebur PATRICIA F. C. Printed Name	TOLE BURN
Signature	Printed Name	<del></del>

FILING FEE: \$25.00