

#L090000112930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

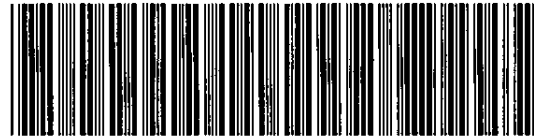
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300263654913

300263654913  
08/25/14--01046--022 \*\*25.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2014 AUG 25 PM 3:49

FILED

K. SALY  
EXAMINER  
AUG 29 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Family of Five Development 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:

Michael E. Burks  
(Name of Person)

Family of Five Development LLC  
(Firm/Company)

10011 Estero Town Commons Pl 104A  
(Address)

Estero, FL 33928  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Burks at ( 839 ) 989-4800  
(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

FILED  
2014 AUG 25 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Family of Five Development LLC

2. The Articles of Organization were filed on Nov. 24, 2009 and assigned

document number L09000112930

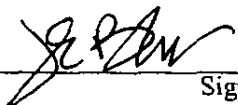
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Company was sold

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

Michael Burks  
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: Family of Five Development LLC

Document number of Limited Liability Company is: L09000112930

Date of dissolution was: 11/7/14

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2014 AUG 25 PM 3:49  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

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

Michael E. Burks  
10011 Eastern Town Commons Pl 104A  
Estero, FL 33928  
\_\_\_\_\_

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.

Michael E. Burks  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing