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(Requesto	or's Name)
(Address)	
(Address)	
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
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SECRETARY OF STATE AND MARK 17 PH 2: 22

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MAR 1 8 2016

S. YOUNG

COVER LETTER

	ation Section n of Corporations	•	
SUBJECT:	Name of Limited	Liability Company)	•
The enclosed Art	ticles of Dissolution and fee(s) are submitted	i for filing.	
Please return all	correspondence concerning this matter to th	e following:	
	Todd Carls (Name	of Person)	TACLAR S
	(Firm/	Company)	
	8852 Mar	ipasa Ct	-7 PH 2: 22
	Naples, FL 3	and Zip Code)	22
For further inform	mation concerning this matter, please call:		
	Sandra Carlson (Name of Person)	at (239) 300-0451 (Area Code & Daytime Telephone Number)	-
Enclosed is a chec	ck for the following amount:		
\$25.00 F	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
	26 North Park Circle, LLC
2.	The Articles of Organization were filed on 12/14/2009 and assigned
	document number <u>L09000118843</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 314 2016 (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).
	T.
	2: 2:
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Todd Carlson
	8852 Mariposa Ct
	Naples, FL 34113
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Todd Carlson Printed Name
	- DiButture 1 times 1 times 1 times

FILING FEE: \$25.00