

L09000119384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/22/15--01024--005 **55.00

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15 DEC 22 PM 12:25
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

DEC 23 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avalon Park LW1 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:

Marybel Defillo

(Name of Person)

Avalon Park Group

(Firm/Company)

3680 Avalon Park Group East Blvd., Ste 300

(Address)

Orlando, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

Marybel Defillo

(Name of Person)

at (407) 658-6565
(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

Avalon Park LWI LLC

2. The Articles of Organization were filed on 12/16/2009 and assigned

document number L09000119384

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2015
(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 decision was made, under the discretion of the owners, to dissolve the entity.

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

Marybel Defillo

3680 Avalon Park East Blvd, Ste. 300

Orlando, FL 32828

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TALLAHASSEE, FLORIDA

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:

Marybel Defillo
Signature

Marybel Defillo

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: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

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

CLASSIFICATION

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

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.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00