

LO9000122237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

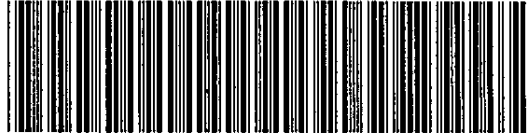
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700266516157

11/25/14--01009--011 **25.00

FILED
14 NOV 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY
DEC 05
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Property 9, 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:

Thomas R. Huntington

(Name of Person)

Property 9, LLC

(Firm/Company)

115 30th Street

(Address)

Holmes Beach, FL 34217

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas R. Huntington

(Name of Person)

at 941 779-1800

(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
14 NOV 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
Property 9, LLC
2. The Articles of Organization were filed on 12/28/2009 and assigned
document number L09000122237
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014
(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).
Closed business/Retirement
5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: Thomas Huntington, Manager
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:

Thomas Huntington
Signature

Thomas Huntington
Printed Name

FILING FEE: \$25.00

14 NOV 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED