

LI 0 000002775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

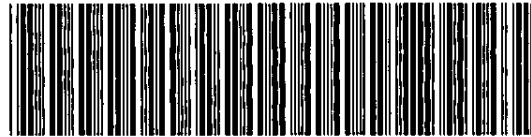
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267063660

12/05/14--01034--017 **25.00

FILED
14 DEC -5 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORNER LOT Holdings 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:

PATE FOSHEE

(Name of Person)

Colonial Capital LLC

(Firm/Company)

3625 HENDRICKS AVE.

(Address)

JACKSONVILLE FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

PATE FOSHEE

(Name of Person)

at (904) 306-2145

(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

CORNETZ LOT Holdings LLC

2. The Articles of Organization were filed on January 7, 2010 and assigned

document number L10000002375

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).

Sale of All ASSETS.

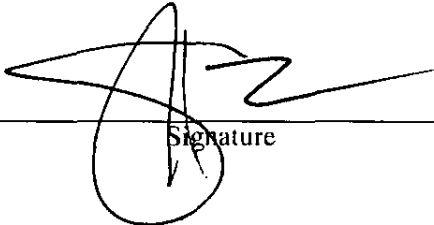
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

PATE FOSHEE

3625 HENDRICKS AVE

JACKSONVILLE FL 32207

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

J. PATE FOSHEE
Printed Name

FILING FEE: \$25.00

18 DEC -5 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED