

L1 0000042874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

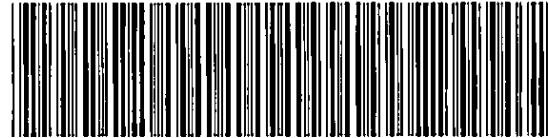
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2022 DEC -9 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 DEC -9 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FL

12/12/2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$55.00.

AUTHORIZATION SIGNATURE: _____

SIX OAKS TRUST, LLC L10000042874

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

__X__ Certified Copy of Articles

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ **CORP**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

___ Other

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

X Dissolution/Withdrawal

___ Merger

___ **Conversion**

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIX OAKS TRUST, 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:

LAURA E. AHLERS, PARALEGAL SPECIALIST

(Name of Person)

COZEN O'CONNOR

(Firm/Company)

1801 N. MILITARY TRAIL, SUITE 200

(Address)

BOCA RATON, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA E. AHLERS, PARALEGAL SPECIALIST

561

245-6106

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2022 DEC -9 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
SIX OAKS TRUST, LLC

2. The Articles of Organization were filed on APRIL 21, 2010 and assigned
document number L10000042874

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)
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).

NO FURTHER BUSINESS TO BE CONDUCTED, ALL ASSETS HAVE BEEN DISTRIBUTED AND ALL

BANK ACCOUNTS HAVE BEEN CLOSED

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

STUART R. MORRIS, ESQ., AUTHORIZED PER

Printed Name

FILING FEE: \$25.00