

L10000057807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

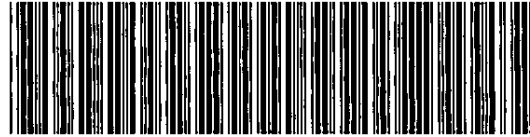
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/12/15--01012--020 **25.00

FILED

2015 OCT 12 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1917 W LEMON STREET, 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:

PATRICIA GUNN
(Name of Person)

(Firm/Company)

2980 NAINES BAYSHORE ROAD #110
(Address)

CLEARWATER, FL 33760
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA GUNN at (813) 404-4234
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

2015 OCT 12 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

1917 W LEMON STREET, LLC

2. The Articles of Organization were filed on

5/28/2010

and assigned

document number L10000057807

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).

all assets transferred out -
no liabilities

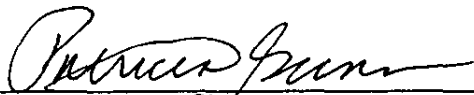
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

PATRICIA GUNN

2980 HAINES BAYSHORE RD #110

CLEARWATER FL 33760

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

PATRICIA GUNN

Printed Name

FILING FEE: \$25.00