

L10000081202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

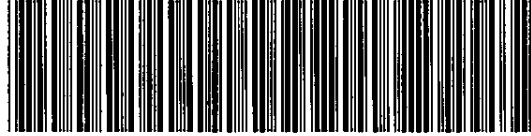
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEB 5 2014

SLOTT, BARKER & NUSSBAUM

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

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** BOARD CERTIFIED REAL ESTATE LAWYER

November 20, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Dissolution of Soles Family, LLC
Document # L10000081202

Ladies and Gentlemen:

Enclosed for filing are the Articles of Dissolution of Soles Family, LLC and our firm check in the amount of \$25.00 for the filing fee.

Thank you for your assistance. If there are any questions concerning this matter, please call me at the telephone number listed above.

Sincerely,



Casie Schweitzer
Assistant to Hollyn J. Foster

/cls
Enclosures

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

1. The name of a limited liability company is Soles Family, LLC
2. The Articles of Organization were filed on August 5, 2010 and assigned document number L10000081202
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).
The sole asset of the Company was sold by agreement of the members which is
cause for dissolution per Section 15.2.1 of the Operating Agreement. Additionally
a Written Consent for dissolution was signed by all members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Adam Flynt, 2805 Pratt Place, Jacksonville, FL 32259

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 24 PM 4:50

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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

Adam Flynt

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: Soles Family, LLC

Document number of Limited Liability Company is: L10000081202

Date of dissolution was: Date of Filing of Articles of

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

Company claiming debt, Amount of Debt with substantive receipts, Date and reason for
amounts claimed to be owed and Person who allegedly obligated Soles Family, LLC for
the debt.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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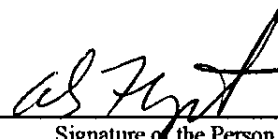
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Adam Flynt, 2805 Pratt Place, Jacksonville, FL 32259

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.

Adam Flynt

Printed Name of the Person Filing



Signature of the Person Filing