

#L10000086776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

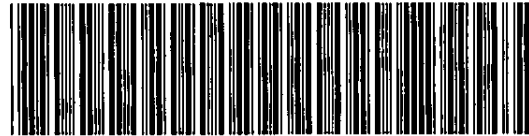
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500255281625

01/13/14--01006--013 **30.00

2014 JAN 13 PM12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALLY
EXAMINER
JAN 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Isle of Silver, 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:

Nancy Wolf-Hanby
(Name of Person)

Isle of Silver
(Firm/Company)

2001 NW 57th Terrace
(Address)

Gainesville, FL 32605
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Wolf-Hanby at (352) 317-5539
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee &
Certificate of Status

ρ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

ρ \$60.00 Filing Fee,
Certificate of Status &
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
2014 JAN 13 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Isle of Silver, LLC dba Isle of Silver

2. The Articles of Organization were filed on 8/18/2010 and assigned document number

L10000086776

3. The date the dissolution was approved: 12/31/2013

605 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

I have had a change in my health status plus I have
assumed the care of both of my parents who are
in very poor health. Due to my own decline in
health, and their care, I no longer have the time or
stamina to operate a business.

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. ⁶⁰⁵ ~~608.441~~.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.
-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Nancy Wolf-Hanby

Nancy Wolf-Hanby