

L10000 091397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

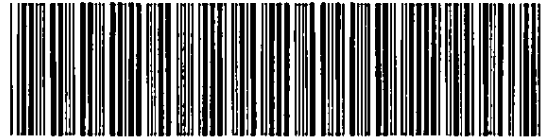
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 NOV 20 AM 11:05

JAN 31 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notice of LLC Dissolution

DOCUMENT NUMBER: L10000 91397

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne M. Carrou

(Name of Contact Person)

NA

(Firm/Company)

393 Eagle Dr.

(Address)

Jupiter, FL 33477.

(City/State and Zip Code)

For further information concerning this matter, please call:

Sineadanne Coffey

(Name of Contact Person)

at (561) 221 8164

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee.

Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

IDP 3 LLC

2. The Articles of Organization were filed on Aug. 31, 2010 and assigned
document number L10000091397

3. The delayed effective date the dissolution if not effective on the date of filing: 11/15/19
(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).

Sold property

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

S. P. Coffey

393 Eagle Dr.

Jupiter, FL 33477

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:

SP Coffey

Signature

Sineadanne P. Coffey

Printed Name

FILING FEE: \$25.00

19 NOV 20 AM 11:05

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SECRETARY OF STATE
DIVISION OF CORPORATIONS