

L10000118613

(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

APR 30 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ridgeline Perch, 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:

Michael or Colleen Sullivan
(Name of Person)

(Firm/Company)

P.O. Box 1241
(Address)

Blowing Rock, NC 28605
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen Sullivan at (904) 629-7007
(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 and
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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Ridgeline Perch, LLC

2. The Articles of Organization were filed on November 15, 2014 and assigned

document number L10000118613

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).

Ridgeline Perch, LLC contains no assets and
performs no operations.

Consent of both members has been given -

Members: Michael A. Sullivan and Colleen M. Sullivan

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:

Michael A. Sullivan
Signature
Colleen M. Sullivan

FILING FEE: \$25.00

Michael A. Sullivan
Printed Name
Colleen M. Sullivan

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2014 APR 25 PM 1:40
CLERK OF DISTRICT COURT
ALACHUA COUNTY
FLORIDA