

L10000120828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

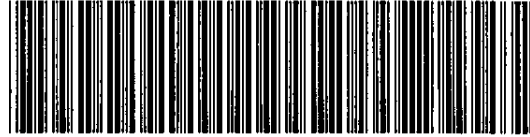
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/13/15--01011--004 **25.00

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15 FEB 13 AM 9:00
RECEIVED AT STATE
TREASURY DEPT LONDON

J. S. S. FEB 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allison Ables Development, 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 L Johnson Jr

(Name of Person)

Allison Ables Development, LLC

(Firm/Company)

2835 SW 91st St, Ste 300

(Address)

Gainesville, FL 32608

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Johnson

(Name of Person)

352

at (

371-1828 ext 460

(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:

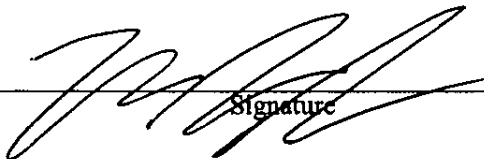
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
Allison Ables Development, LLC
2. The Articles of Organization were filed on 11/22/2010 and assigned
document number L10000120828
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 consent of all the 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: _____

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

Michael L Johnson, Jr.
Printed Name

FILING FEE: \$25.00

FILED
15 FEB 13 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA