

410000 127796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

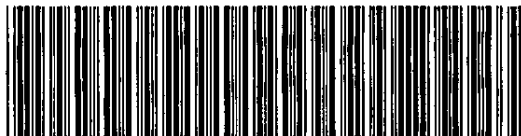
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/07/15--01041--004 **25.00

FILED
15 DEC - 7 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 08 2015
J SHIVERS

November 27, 2015

Excel II, LLC
1059 Sky View Landings Drive West
Hernando FL 34442

TO: State of Florida
Registration Section
Division of Corporations
P O BOX 6327
Tallahassee FL 32314

RE: EXCEL II, LLC

Enclosed please find the following:

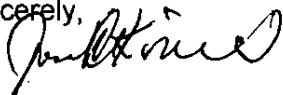
- Articles for Dissolution
- Check in the amount of \$25.00 for Filing Fee and Certificate of Dissolution.

Please return all correspondence concerning this matter to:

Joseph C Konie
1059 Sky View Landings Drive West
Hernando FL 34442

If any further information is required, please do not hesitate to contact me, Joseph C. Konie, at 352-249-7227.

Sincerely,



Joseph C. Konie, Managing Member, Excel I, LLC

encl

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

1. The name of a limited liability company is

EXCEL II, LLC

2. The Articles of Organization were filed on December 13, 2010 and assigned

document number L10000127396

3. The delayed effective date the dissolution if not effective on the date of filing: n/a
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

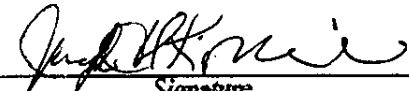
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

UNANIMOUS VOLUNTARY DISSOLUTION BY 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

JOSEPH C. KONIE, MANAGING MEMBER
Printed Name

FILING FEE: \$25.00

FILED
15 DEC -7 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA