

# L11000013502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

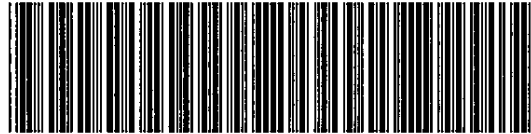
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400258173194

03/27/14--01012--024 \*\*25.00

EFFECTIVE DATE  
5-7-2014

FILED

2014 MAR 27 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR -1 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEVONSHIRE LONGFELLOW 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:

NEIL LAYTON

(Name of Person)

DEVONSHIRE

(Firm/Company)

3412 W BAY TO BAY BLVD

(Address)

TAMPA, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

BROOKE LAYTON

(Name of Person)

at 813 831-1984

(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

EFFECTIVE DATE  
5-7-2014

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2014 MAR 27 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
DEVONSHIRE LONGFELLOW LLC
2. The Articles of Organization were filed on 02/01/2011 and assigned  
document number L11000013502
3. The delayed effective date the dissolution if not effective on the date of filing: 05/07/2014
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 ENTITY HAS DISSOLVED DUE TO WINDING UP OF BUSINESS AFFAIRS.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Printed Name



NEIL LAYTON

FILING FEE: \$25.00