

L11000029531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

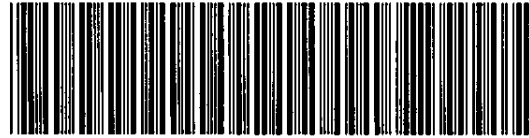
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600265206396

10/09/14--01006--012 **25.00

FILED
14 OCT -9 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORNERSTONE ASSET SB 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:

STEPHEN ANDERSON

(Name of Person)

(Firm/Company)

PO BOX 32284

(Address)

PALM BEACH GARDENS FL 33420

(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN ANDERSON

(Name of Person)

at (561) 667-1610

(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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

1. The name of a limited liability company is

CORNERSTONE ASSET SB LLC

2. The Articles of Organization were filed on 3/10/2011 and assigned

document number L11000029531

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).

ALL ASSETS WERE LIQUIDATED AND THE LLC IS NO LONGER NEEDED

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

STEPHEN ANDERSON
Printed Name

FILING FEE: \$25.00

FILED
14 OCT -9 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CORNERSTONE ASSET SB LLC

Document number of Limited Liability Company is: L11000029531

Date of dissolution was: 10/21/2014

Description of information that must be included in a written claim:

FILED
14 OCT -9 PM 4:21
SECRET
TALAMON, SCOTT

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

STEPHEN ANDERSON

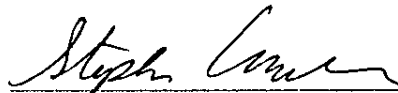
PO BOX 32284

PALM BEACH GARDENS, FLORIDA 33420

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

STEPHEN ANDERSON

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00