

L11000103427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

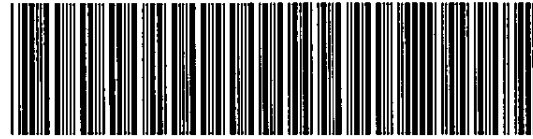
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/21/14--01008--016 **25.00

FILED
2014 FEB 21 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guller FEB 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TURNBERRY TERRACES ASSOCIATES, 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:

MARK L. TAFF

(Name of Person)

TURNBERRY TERRACES ASSOCIATES, LLC

(Firm/Company)

7007 Deep Creek Ct.

(Address)

Bethesda, MD 20817

(City/State and Zip Code)

For further information concerning this matter, please call:

BENJAMIN P. SHENKMAN, ESQ.

(Name of Person)

at (

561 227-1575

(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

FILED

2014 FEB 21 AM 11:38

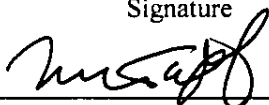
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
TURNBERRY TERRACES ASSOCIATES, LLC
2. The Articles of Organization were filed on 09/08/2011 and assigned
document number L 11000103427
3. The delayed effective date the dissolution if not effective on the date of 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



Printed Name

MARK L. TAFF

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: TURNBERRY TERRACES ASSOCIATES, LLC

Date of dissolution was: _____

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

The basis for the claim with supporting Affidavit statement.

The name and address of the claimant.

The amount of the claim.

The claim due date and if the claim is secured or not secured.

If the claim is contingent or unliquidated.

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

7007 Deep Creek Ct.

Bethesda, MD 20817

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.

MARK L. TAFF

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