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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fex Number : (850) 617-6383

From:

Account Name : JOHN M WICKER PA

Account Number : I20070000104

Phone

: (239) 939-2222

Fax Number

: (239)939-2280

LLC DISSOLUTION OR WITHDRAWAL RIVERWOODS OF SWFL, LLC

Certificate of Status	0
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11000 270 145 3 ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited lial RIVERWOODS OF 5	
. The Articles of Organizat	tion were filed on 10/25/2011 and assigned
document number L110	
The delayed effective dat	te the dissolution if not effective on the date of filing: 12/31/2014 live date cannot be prior to or more than 90 days later than date document is received for filing)
A description of occurren	nce that resulted in the limited liability company's dissolution pursuant to section (copy 605,0707 on back cover letter).
•	nt the LLC members voted to cease operations, pay all creditors,
If there are no members,	enter the name and address of the person appointed to wind up the company's
activities and affairs:	BRENTON F. DOUBLAS, MGRM
	3 PINNACLE ROAD
	AMHERST, NH 03031
	SIC
Signature of an authorized above to wind up the o	d person or if there are no members, the signature of the person appointed and
•	d person or if there are no members, the signature of the person appointed and company's activities and affairs:
Fr Finder	BRENTON F. DOUBLAS
The Cincle Signature	

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14000 270 FCL 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 L	imited Liability Company: RIVERVAUOUS OF SVAL, LLC	
Document	number of Limited Liability Company is: L11000121825	
Date of dis	ssolution was:	
	on of information that must be included in a written claim:	記録
NAME O	OF CREDITOR; PRODUCT OR SERVICE PROVIDED; TOTAL AMO	
CLAIM:	ACCOUNT SUMMARY; INVOICES; AND REFERENCE TO CONTR	RACTIE
APPLIC/	ABLE.	5.00
		65
Mailing ad	idress where claims can be sent: (Claims cannot be sent to the Division of Corpor	ations)
R	IIVERWOODS CLAIMS	·
c/i	O BRENTON F. DOUBLAS	
3	PINNACLE ROAD	
Al	MHERST, NH 03031	

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.

BRENTON F. DOUGLAS

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 μ /4 000 270 /46 3