

L11000138945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

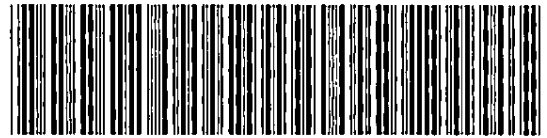
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000322088520

18 DEC 28 AM 10:44
TALLAHASSEE, FLORIDA

K SALY
JAN 1 1999

RECEIVED
18 DEC 28 PM 4:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 562096 8078655

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 28, 2018

ORDER TIME : 2:27 PM

ORDER NO. : 562096-005

CUSTOMER NO: 8078655

FOREIGN FILINGS

NAME: OLNEYA RESTORATION GROUP, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2019

CSC
EMILY CROFT

RESUBMIT

Please give original
submission date as file date.

SUBJECT: OLNEYA RESTORATION GROUP, LLC
Ref. Number: L11000138945

We have received your document for OLNEYA RESTORATION GROUP, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 219A00000022

RECEIVED
19 JAN 10 PM 1:43

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

18 DEC 28 AM 10:44
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Olneya Restoration Group, LLC

2. The Articles of Organization were filed on 12/9/2011 and assigned

document number LI1000138945

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)

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).

The completion of winding up of the limited liability company

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Crystal Anderson

230 S. 8th Street

Wood River, IL 62095

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:

Crystal Anderson
Signature

Crystal Anderson

Printed Name

FILING FEE: \$25.00