

L1200000700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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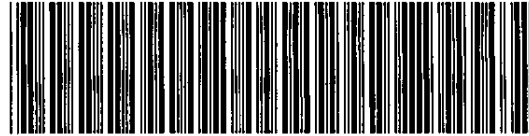
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

FEB 19 2015  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WIND LAKES RESIDENTIAL 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:

RAY WILLIAMSON  
(Name of Person)

Windermere Lakes Investment Inc  
(Firm/Company)

PO Box 191  
(Address)

GOTH A FL 34734-0191  
(City/State and Zip Code)

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For further information concerning this matter, please call:

RAY WILLIAMSON at 407 625-8480  
(Name of Person) (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**

1. The name of a limited liability company is

WINDLAKES RESIDENTIAL LLC

2. The Articles of Organization were filed on JAN 03, 2012 and assigned

document number L12000000700

3. The delayed effective date the dissolution if not effective on the date of filing: 2-28-2015  
(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).

Assets sold

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

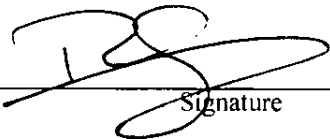
RAY WILLIAMSON

c/o Windermere Lakes Investment Inc

PO BOX 191

GOTHA FL 34734-0191

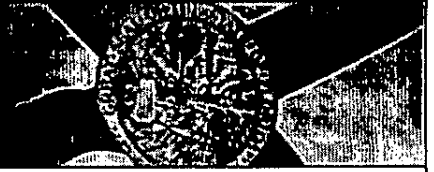
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

Ray Williamson  
Printed Name

**FILING FEE: \$25.00**

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**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Limited Liability Company**

WINDLAKES RESIDENTIAL LLC

**Filing Information**

<b>Document Number</b>	L12000000700
<b>FEI/EIN Number</b>	36-4720227
<b>Date Filed</b>	01/03/2012
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Effective Date</b>	01/03/2012

**Principal Address**1710 MAPLE LEAF DR  
WINDERMERE, FL 34786**Mailing Address**PO BOX 191  
GOTHA, FL 34734**Registered Agent Name & Address**WILLIAMSON, RAY  
1710 MAPLE LEAF DR  
WINDERMERE, FL 34786**Authorized Person(s) Detail****Name & Address**

Title MGR

WILLIAMSON, RAY  
1710 MAPLE LEAF DR  
WINDERMERE, FL 34786**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2013	01/31/2013
2014	01/16/2014

**Document Images**

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