

L120000002860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

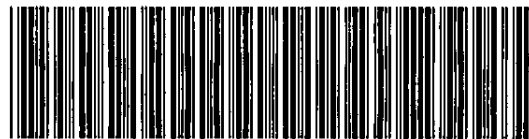
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800255150918

01/02/14--01008--022 **25.00

2014 JAN -2 PM 3:39
TALLAHASSEE, FL 32301

B. BOSTICK
JAN - 9 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Myakka Valley Arms, 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:

Christopher Baden

(Name of Person)

(Firm/Company)

316 20th St W

(Address)

Bradenton, FL 34205

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Baden

(Name of Person)

at (941) 747-4385

(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

TALLAHASSEE
2014 JAN -2 PM 3:39

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

1. The name of a limited liability company is

Myakka Valley Arms, LLC

2. The Articles of Organization were filed on 01-06-2012 and assigned
document number L12000002860

3. The delayed effective date the dissolution if not effective on the date of filing: _____

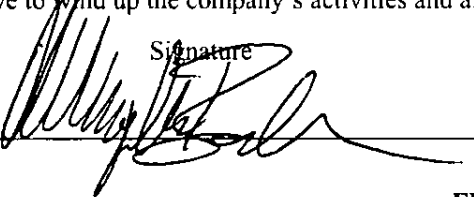
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Dissolution and reorganization under new entity.

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

Christopher Baden

FILING FEE: \$25.00

2014 JAN -2 PM 3:39
TALLAHASSEE, FL 32301