

L12000005303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

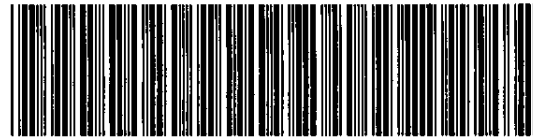
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

APR -1 2016

A. LUNT

Office Use Only



700257461357

03/27/14--01012--013 **25.00

2014 MAR 27 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEVONSHIRE FAIR OAKS 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:

NEIL LAYTON

(Name of Person)

DEVONSHIRE

(Firm/Company)

3412 W BAY TO BAY BLVD

(Address)

TAMPA, FL 33629

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 27 PM 2:39

FILED

For further information concerning this matter, please call:

BROOKE LAYTON

(Name of Person)

at 813 831-1984

(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**

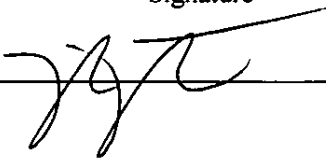
1. The name of a limited liability company is
DEVONSHIRE FAIR OAKS LLC
2. The Articles of Organization were filed on 1/11/2012 and assigned
document number L12000005303
3. The delayed effective date the dissolution if not effective on the date of filing: 02/07/2014
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
THE ENTITY HAS DISSOLVED DUE TO WINDING UP OF BUSINESS AFFAIRS.

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



NEIL LAYTON

FILING FEE: \$25.00

2014 MAR 27 PM 2:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED