

L12000040697

(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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09/03/14--01001--013 \*\*55.00

RECEIVED  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
2014 SEP -2 PM 4:32  
TO BE USED FOR  
SUFFICIENCY OF FILING

SEP -2 2014

T CLINE

2014 SEP -2 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

## FILING COVER SHEET

ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 09/02/2014

REF. #: 6592877.9263056

CORP. NAME: TURNBERRY LINCOLN VILLAGE LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input checked="" type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME                    |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY                  |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                         |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK # 70026599 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

☒ CERTIFIED COPY

- ☐ CERTIFICATE OF GOOD STANDING  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

2014 SEP -2 PM 04 57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1. The name of a limited liability company is  
TURNBERRY LINCOLN VILLAGE LLC

2. The Articles of Organization were filed on 03/22/2012 and assigned  
document number L12000040697

3. The delayed effective date the dissolution if not effective on the date of filing: 09/02/2014  
(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).  
We never went forward with the project that the entity was created to own.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Jeffrey Soffer  
19950 West Country Club Drive, 10th Floor, Aventura, FL 33180

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:

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

## 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 Limited Liability Company: TURNBERRY LINCOLN VILLAGE LLC

Document number of Limited Liability Company is: L12000040697

Date of dissolution was: 09/02/2014

Description of information that must be included in a written claim:

Name of Contractor, date and scope of work, and amount of claim. Contact information, including e-mail address,  
and telephone number for Claimant.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

19950 W. Country Club Dr., 10th Floor, Aventura FL 33180

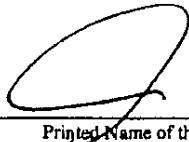
Attn: Turnberry Lincoln Village LLC, c/o Turnberry Associates

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.



Printed Name of the Person Filing

Jeffrey Soffer

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**