

#L12000041744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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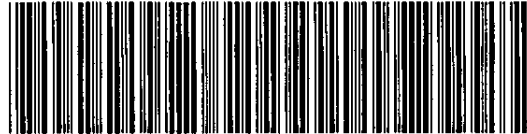
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 JUN -8 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allen Management of North Florida, 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:

William T. Allen, Jr.

(Name of Person)

Allen Management of N. FL., LLC

(Firm/Company)

2550 SW 76th Street, Suite 150

(Address)

Gainesville, FL 32608

(City/State and Zip Code)

For further information concerning this matter, please call:

William T. Allen, Jr.

(Name of Person)

at (352) 331-6789

(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**

FILED
2015 JUN -8 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Allen Management of North Florida, LLC

2. The Articles of Organization were filed on March 26, 2012 and assigned

document number L12000041744

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 written consent of all of the Members to dissolve the Company and wind up its affairs.

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:

William T. Allen, Jr.
Signature

William T. Allen, Jr.

Printed Name

FILING FEE: \$25.00

**WRITTEN CONSENT OF THE MEMBERS OF
ALLEN MANAGEMENT OF NORTH FLORIDA, LLC
TO ACTION IN LIEU OF A MEETING OF THE MEMBERS
PURSUANT TO SECTION 605.04073(4)**

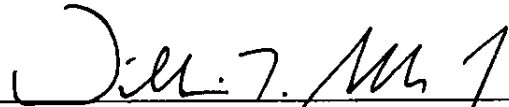
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2015 JUN -8 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


The undersigned, being all of the Members of ALLEN MANAGEMENT OF NORTH FLORIDA, LLC, a Florida limited liability company (hereinafter referred to as the "Company"), hereby consent to, authorize, adopt and approve the following Company actions and resolutions by written consent in lieu of a meeting of the Members of the Company pursuant to Section 605.04073(4) of the Florida Statutes:

RESOLVED, that the Company be voluntarily liquidated and dissolved and that its Managers are authorized and directed to take all actions necessary to implement such liquidation and dissolution under the laws of the State of Florida; and

FURTHER RESOLVED, that the complete liquidation and dissolution of the Company be effected as soon as possible under the Plan of Complete Liquidation and Dissolution attached hereto as **Exhibit A**.

Dated effective the 29th day of May, 2015.


William T. Allen, Jr., Individually


William T. Allen, Sr., Tenant by the Entirety

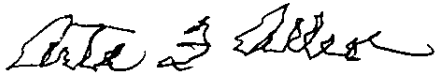

Arta F. Allen, Tenant by the Entirety

EXHIBIT A

**PLAN OF COMPLETE LIQUIDATION AND DISSOLUTION OF
ALLEN MANAGEMENT OF NORTH FLORIDA, LLC**

FILED
2015 JUN -8 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. As soon as possible following the adoption of this Plan of Complete Liquidation and Dissolution (the "**Plan**"), ALLEN MANAGEMENT OF NORTH FLORIDA, LLC, a Florida limited liability company (hereinafter the "**Company**"), will cease the active conduct of its business, will wind up its affairs, will pay or provide for payment of all known obligations of the Company, and will liquidate and distribute all of its assets in complete liquidation, less any assets retained to meet claims.
2. The Managers of the Company may from time to time authorize one or more distributions in cash or in kind, in a series of distributions in complete liquidation.
3. The foregoing distributions in complete liquidation shall be in exchange solely for, and in redemption and cancellation of, and in payment for, all of the outstanding Membership Interests of the Company.
4. This Plan shall be effective upon the approval and adoption of the Plan by all of the Members.
5. The Managers of the Company shall proceed with the voluntary dissolution of the Company under the laws of the State of Florida, including the filing of Articles of Dissolution.
6. The Managers of the Company are hereby authorized, empowered and directed to do all things and take all actions which they deem necessary or advisable to carry out the purposes and intentions of this Plan, including, without limitation, the execution and delivery of deeds, bills of sale, assignments, other instruments and documents, and the filing of returns and other documents with the appropriate officials of the State of Florida and the United States.