

LI2000 068 289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

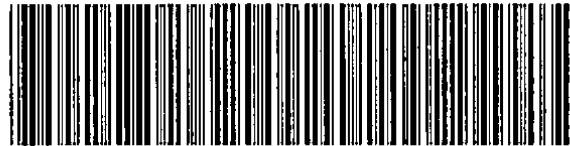
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/09/19--01019--010 **25.00

REC'D
STATE
CORPORATIONS
19 DEC -9 PM 4:38

Dissolution

DEC 27 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RUXTON ROAD PROPERTIES, 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:

Janet G. Betts

(Name of Person)

Sherman & Howard LLC

(Firm/Company)

7033 E. Greenway Parkway, Suite 250

(Address)

Scottsdale, AZ 85254

(City/State and Zip Code)

For further information concerning this matter, please call:

Janet G. Betts

(Name of Person)

at (**480**) **624-2715**

(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

19 DEC -9 PM 4: 38

RECEIVED
DIVISION OF STATE
CORPORATIONS

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

1. The name of a limited liability company is
RUXTON ROAD PROPERTIES, LLC
2. The Articles of Organization were filed on 05/21/2012 and assigned
document number L12000068289
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).

Consent of all members

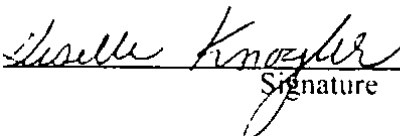
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: GISELLE KNOGLER

320 - 5TH AVENUE NORTH

SUITE 1803

SASKATOON, SASKATCHEWAN S7K 2P5 CANADA

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

GISELLE KNOGLER, MANAGER

Printed Name

FILING FEE: \$25.00

10 DEC -9 PM 1:38

DEPT. OF STATE
DIVISION OF CORPORATIONS