L12000073258

(Re	questor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER		
	ation Section n of Corporations	
Oakwoods at Grandezza, LLC (Name of Limited Liability Company)		
The enclosed An	ticles of Dissolution and fee(s) are submitted fo	or filing.
Please return all	correspondence concerning this matter to the f	ollowing:
	Nancy Alanne Smith	
	(Name of	Person)
	c/o Advance Testing Company, (Firm/Company)	Inc.
	3348 Route 208	
	(Addr	ess)
	Campbell Hall, NY 10916 (City/State and	4 Zin Code)
	(Chystate an	a mp code)
For further infor	mation concerning this matter, please call:	
Nancy	Alanne Smith	at (845) 548-4317 (Area Code & Daytime Telephone Number)
	(Nume of Person)	(Area Code & Daytime Telephone Number)
	ck for the following amount:	PV
□ \$ 25.00 I	Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

i.	The name of a limited liability company is			
	Oakwoods at Grandezza, LLC			
2.	The Articles of Organization were filed on May 31, 2012 and assigned			
	document number L12000073258			
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.	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 under 605.0701(2).			
	List and the company's			
3.	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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:			