## L12 000092497

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<del>(</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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MAR 1 6 2021



February 8, 2021

DAMASO W. SAAVEDRA, ESQ. 312 SE 17TH STREET 2ND FLOOR FORT LAUDERDALE, FL 33316

SUBJECT: ARKOMA ROYALTY FUND, LLC

Ref. Number: L12000092497

We have received your document for ARKOMA ROYALTY FUND, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 021A00002822

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Section Division of Corporations	• •			
	Arkoma Royalty Fund, LLC	•	t		
SUBJECT: (Name of Limited Liability Company)					
The en	closed Articles of Dissolution and fee(s) are submi-	tted for filing.			
Please	return all correspondence concerning this matter to	the following:			
	Damaso W. Saavedra, Esq.				
	(Na	me of Person)	· · · · · · · · · · · · · · · · · · ·		
	Saavedra, Goodwin				
	(Fir	m/Company)			
	312 SE 17th Street, 2nd Floor				
		(Address)			
	Fort Lauderdale, Florida 33316				
	(City/St	ate and Zip Code)			
For fur	ther information concerning this matter, please call	f:			
	Damaso W. Saavedra, Esq.	954	767-6333		
	(Name of Person)	at (	Tode & Daytime Telephone Number)		
Enclose	ed is a check for the following amount:				
	□ \$25.00 Filing Fee and Certificate of Dissolution		ng Fee. Certificate of Dissolution & Copy (additional copy is enclosed)		
	<u>Mailing Address:</u> Registration Section	Street Address: Registration Section			
	Division of Corporations	Division of	Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee			
	rairanassee, pr. 52514	. 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF DISSOLUTION FOR

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FOR A LIMITED LIABILITY COMPANY 2021 FEB 24 PM 12: 43

. The name of a limited liability company is	~ · · · · · · · · · · · · · · · · · · ·
Arkoma Royalty Fund, LLC	
The Articles of Organization were filed on $\frac{07\cdot17}{2}$	v2012 and assigned
document number 1.12000092497	
	r more than 90 days tater than date document is received for filing) at the applicable statutory filing requirements, this date will not be
1. A description of occurrence that resulted in the li 605.0707, Florida Statutes, (copy 605.0707 on ba	imited liability company's dissolution pursuant to section section section.
Consent of all members .	
5. If there are no members, enter the name and additactivities and affairs:	ress of the person appointed to wind up the company's
•	
	<del></del>
Signature of an authorized person or if there are ove to wind up the company's activities and affai	no members, the signature of the person appointed and listed rs:
Geraldy Hadane	Gerald M. Holland, Manager
Signature	Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

NOTE: This page is optional

2021 FEB 24 PM 12: 43

This notice is submitted by the dissolved limited liability company named below for resolution of payment of a 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: Arkoma Roaylty Fund	I, LLC
Document number of Limited Liability Company is:	00092497
Date of dissolution was: 12/31/2020	
Description of information that must be included in a writ	ten claim:
Detailed description of nature of claim including all supporting	documentation and contact information for claimant.c
Mailing address where claims can be sent: (Claims canno	t be sent to the Division of Corporations)
Damaso W. Saavedra, Esq.	
Saavedra/Goodwin	
312 SE 17th Street, 2nd Floor	
Fort Lauderdale, FL 33316	
A claim against the above named limited liability compar tlaim is commenced within 4 years after the filing of this	
ierald M. Holland, Manager	Leucass. Halland
Printed Name of the Person Filing	Signature of the Person Filing

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