L12000139481

(Requestor's Name)			
(Address)			
(Address)			
(183,533)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Socialistic Harrison)			
Catifical Carina			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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04/17/24--01007--008 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations	*			
SUBJE	STALEY 5, LLC				
(Name of Limited Liability Company)					
The en	closed Articles of Dissolution and fee(s) are submit	tted for filing.			
Please return all correspondence concerning this matter to the following:					
	Timothy R Staley				
	(Name of Person)				
	STALEY 5, LLC				
	(Firm/Company) 25807 N County Road 1491 (Address)				
	Alachua, FL 32615				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Timothy R Staley		352 317-2495 at ()			
	(Name of Person)	at () (Area Code & Daytime Telephone Number)			
Enclose	ed 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:	Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is			
	STALEY 5, LLC			
2.	The Articles of Organization were filed on Nobember 2nd, 2012 and assigned			
	document number L12000139481			
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 LLC is no longer needed as the members Jowners have retired.			
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:			
	Timethe R Stalen			
_	Signature Printed Name			

FILING FEE: \$25.00

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: STALEY 5, LLC				
Document number of Limited Liability Company is:	12000139481			
Date of dissolution was: April 1st, 2024				
Description of information that must be included in a written claim: Name of claim submitter.				
Date of incident / occurrence that requires remediaiton.				
Mailing address where claims can be sent: (Claims can	anot be sent to the Division of Corporations)			
Timothy Staley25807 N County Road 1491				
25807 N County Road 1491				
Alachua, FL 32615				
A claim against the above named limited liability com claim is commenced within 4 years after the filing of t	, ,			
Timothy R Staley	Como & Stat			
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