

L1300005842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 JAN 15 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

JAN 27 2015

S. YOUNG

EFFECTIVE DATE

1/15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

9161 Place LLC

**SUBJECT:** \_\_\_\_\_  
(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:

Delores Osborne

\_\_\_\_\_  
(Name of Person)

9161 Place LLC

\_\_\_\_\_  
(Firm/Company)

13523 78TH AVE

\_\_\_\_\_  
(Address)

SEMINOLE, FL 33755

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Delores Osborne

727

410 - 2009

at (

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
9161 Place LLC

2. The Articles of Organization were filed on 01/10/2013 and assigned  
document number L13000005842

3. The delayed effective date the dissolution if not effective on the date of filing: 01/15/2014  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Voluntarily dissolution by management agreement.

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

13523 78TH AVE

SEMINOLE, FL 33755

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:

Delores Osborne  
Signature

Delores Osborne  
Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA