

L13000038732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

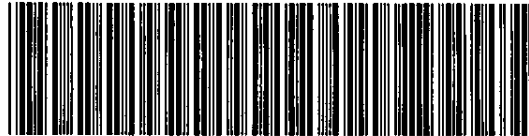
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500270249395

03/10/15--01023--011 \*\*25.00

FILED STATE  
SECRETARY OF CORPORATION  
DIVISION OF CORPORATION  
2015 MAR 10 AM 9:44

EFFECTIVE DATE

March 31, 2015

Ant Diss  
(10) 3/27/15

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAYNE FAMILY ESTATE 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:

LINDA S. RUDD  
(Name of Person)

PAYNE FAMILY ESTATE LLC - MEMBER/BOOKKEEPER  
(Firm/Company)

2611 CREEKFRONT DR  
(Address)

GREEN COVE SPRINGS, FL 32043  
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA RUDD at ( 904 ) 214-3343  
(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

# EFFECTIVE DATE

MARCH 31, 2015

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED STATE  
SECRETARY OF CORPORATION  
2015 MAR 10 AM 9:44

1. The name of a limited liability company is

PAYNE FAMILY ESTATE LLC

2. The Articles of Organization were filed on MARCH 13, 2013 and assigned

document number L13000038732

3. The delayed effective date the dissolution if not effective on the date of filing: MARCH 31, 2015  
(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).

CONSENT FROM ALL MEMBERS TO DISSOLVE

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. 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:

Linda S. Rudd  
Signature

LINDA S. RUDD  
Printed Name

FILING FEE: \$25.00