

L13000079101

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(Address)

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(City/State/Zip/Phone #)

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17 MAY 24 PM 04:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 25 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLUNE/WILLIAMS, 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:

Martha Anderson Hartley, Esq.

(Name of Person)

Baker, Donelson et al.

(Firm/Company)

200 S. Orange Avenue, Suite 2900

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Martha ("Marty") Hartley at 407 367-5427

(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)

LESS:

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ations

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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

*Please Return
Cert. Copy
In Return
Fed Ex Env.
Enclosed*

*CLUNE/WILLIAMS, LLC
ART/Notice of Dissolution*

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

1. The name of a limited liability company is

CLUNE/WILLIAMS, LLC

2. The Articles of Organization were filed on May 31, 2013-effective May 30, 2013 and assigned

document number L13000079101

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).

Consent of all the Members

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:



Signature

Robert W. Lipscomb

Printed Name

FILING FEE: \$25.00

FILED
77 MAY 24 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CLUNE/WILLIAMS, LLC

Document number of Limited Liability Company is: L13000079101

Date of dissolution was: _____

Description of information that must be included in a written claim:

Name, address, e-mail and phone number of claimant

Amount of claim

Date claim arose

Facts on which claim is based

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Robert W. Lipscomb

2301 Silver Star Road

Orlando, Florida 32804

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Martha Anderson Hartley, Esq.

Printed Name of the Person Filing

Martha Anderson Hartley

Signature of the Person Filing

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

FILED
17 MAY 24 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA