L13000085539

(Req	uestor's Name)	<u> </u>
(Add	ress)	
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(City)	/State/Zip/Phone	e #)
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US/18/19--U1029--001 **25.00

2019 MAR 18 AM 9: 00

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	SILVERDALE LLC	
300 00		ted Liability Company)
The end	closed Articles of Dissolution and fee(s) are submi	tted for filing.
Please	return all correspondence concerning this matter to	the following:
	KEVIN REDLING	
	(Na	me of Person)
	HARDING BELL INTERNATI	ONAL, INC
		rm/Company)
	113 PONTOTOC PLAZA	
		(Address)
	AUBURNDALE, FL 33823	
	(City/St	ate and Zip Code)
For fun	ther information concerning this matter, please call	:
	KEVIN REDLING	863 968-1010
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclose	d 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/COURIER ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee. FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1.	The name of a limited liability company is		
	SILVERDALE LLC	2019 MAR 18	AM 9: nn
2.	The Articles of Organization were filed on JUNE 13TH, 2013 and assigned	'' S	
	document number L13000085539	•	ν.ε., Γ.
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 here than date document is received to Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date listed as the document's effective date on the Department of State's records.	r filling) t will not be	
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	to section	
	PURSUANT TO FLORIDA STATUTE 605.0701(2), ALL MEMBERS CONSENT TO THE DISSOLUT	ION	
	OF THE ENTITY.		
5.	If there are no members, enter the name and address of the person appointed to wind up the com	nany's	
	activities and affairs:		
			
		· 	
6. li:	Signature of an authorized person or if there are no members, the signature of the person appoint sted above to wind up the company's activities and affairs:	ted and	
>	ALAN BIRD		
	Signature Printed Name		

FILING PEE: \$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:
Document number of Limited Liability Company is: L13000085539
Date of dissolution was:
Description of information that must be included in a written claim:
A detailed explanation of the claim including all facts and circumstances relating to said claim as well as any evidence
providing for the validity of the claim. Additionally, it must be stated if the claim is admitted or not admitted, in whole
or in part, and the relative amounts associated with such assertions.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1 STAVELY MEAD
BUXTON ROAD
EASTBOURNE, EAST SUSSEX BN20 7LB
UNITED KINGDOM
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.
Printed Name of the Person Filling Signature of the Person Filling
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