

L/3000089400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

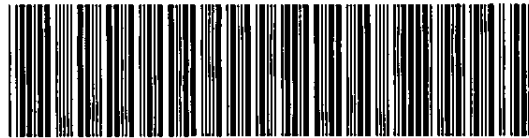
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SEP 17 2014

A. LUNT

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300263997633

09/08/14--01035--027 **25.00

FILED
2014 SEP -8 AM 11:00
CLERK OF DISTRICT COURT
STATE OF MICHIGAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jim Strickland Properties, 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:

James C Strickland

(Name of Person)

Jim Strickland Properties, LLC

(Firm/Company)

6740 Indian St

(Address)

Navarre, FL 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Strickland

(Name of Person)

850

462-1427

at (

(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

FILED
2014 SEP -8 AM 11:00
TALLAHASSEE, FL 32301

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

1. The name of a limited liability company is
Jim Strickland Properties, LLC
2. The Articles of Organization were filed on 9-05-2014 and assigned
document number _____
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)
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).
Owner retiring from Jim Strickland Properties.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: James C Strickland
6740 Indian St
Navarre, FL 32566

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:

James C Strickland
Signature

JAMES C STRICKLAND
Printed Name

FILING FEE: \$25.00

FILED
614 SEP -8 AM 11:00
JAMES C STRICKLAND
JAMES C STRICKLAND
JAMES C STRICKLAND