

C13000112853

12-01-17 06:29pm From-

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Florida Department of State  
Division of Corporations  
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To:

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From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

LLC DISSOLUTION OR WITHDRAWAL  
LAKESIDE HOUSE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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J. LEGGETT  
DEC 05 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAKE SIDE HOUSE, 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:

PETER R. RAY, ESQ.

(Name of Person)

COHEN NORRIS, ET AL.

(Firm/Company)

712 U.S. HIGHWAY ONE, SUITE 400

(Address)

NORTH PALM BEACH, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER R. RAY

(Name of Person)

at ( 561 ) 844-3600

(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

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

1. The name of a limited liability company is  
LAKESIDE HOUSE, LLC

2. The Articles of Organization were filed on 08/09/2013 and assigned  
document number L13000112853

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).

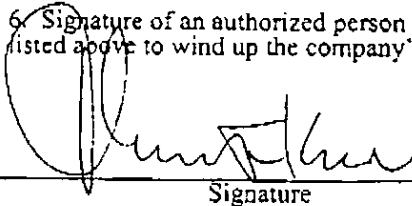
All existing members agree to dissolving this limited liability company as the company is no longer

active. Therefore, it was resolved that the limited liability company would be dissolved.

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

Tom Kane

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

FILED

DEC 7 4 46 PM '13  
CLERK OF COURT  
STATE OF FLORIDA