# 1300305

(Re	equestor's Name)		
(Ac	idress)		
. (Ac	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			





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15 NOV 23 PN 4:5: SECRETARY OF STATE TALLAHASSIF FI OBINA.

NOV 24 2015 S. YOUNG

### COVER LETTER

TO:

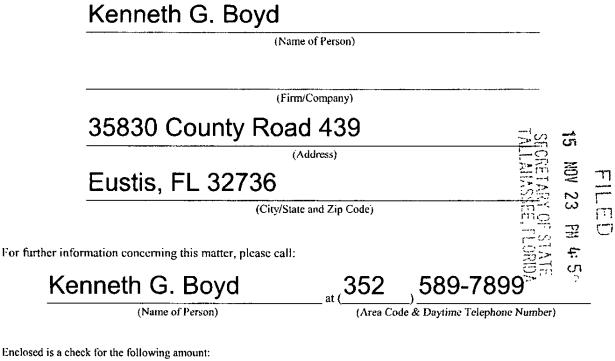
Registration Section Division of Corporations

Joken Place, Ilc

(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:



■ \$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 oken Place, llc	
	oken Place, nc	
2.	The Articles of Organization were filed on September 20, 2013 and assigned	
	ocument number L13000134005	
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 listed as the document's effective date on the Department of State's records.	be
4.	description of occurrence that resulted in the limited liability company's dissolution pursuant to section 5.0707, Florida Statutes, (copy 605.0707 on back cover letter).	n
	he rental home has been purchased and is no longer a rental.	
	SECOND IN THE RESERVE TO THE RESERVE	
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5.	f there are no members, enter the name and address of the person appointed to wind up the company's	(
	ctivities and affairs:	
	DA SO	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and d above to wind up the company's activities and affairs:	
/	mueth St. Boyd Kenneth (T. Boyd	
	Signature Printed Name	

FILING FEE: \$25.00