

L13000152826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

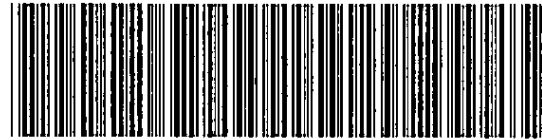
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Dissolution

JAN 21 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clemons Florida Living, 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:

Scott Clemons
(Name of Person)

(Firm/Company)

106 Creek View Ct
(Address)

Oak Ridge TN 37830
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Clemons at (540) 850-5627
(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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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

1. The name of a limited liability company is

Clemens Florida Living LLC

2. The Articles of Organization were filed on Oct 30, 2013 and assigned

document number L13000152826

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).

See attached Resolution of Clemens Florida Living LLC

Dated December 28, 2021

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Scott Clemens


106 Creek View CT

Oak Ridge TN 37830

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TAMM JAIL
TALLAHASSEE, FL

FILED

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

Scott E Clemens

Printed Name

FILING FEE: \$25.00

RESOLUTION OF CLEMONS FLORIDA LIVING, LLC
DATED DECEMBER 28, 2021

All Members of Clemons Florida Living, LLC have met and considered the following issues and have determined to proceed as follows:

IT IS HEREBY RESOLVED that the company shall divest itself of the real property located at North Key Drive, North Fort Myers, Florida bearing Parcel Identification Number 10-44-24-20-0000F.7040 by transferring it via Warranty Deed to Scott E. Clemons and Andrea M. Clemons, husband and wife, pursuant to Section 3.4 of the company's Operating Agreement;

IT IS HEREBY FURTHER RESOLVED that Managing Member Scott E. Clemons be, and hereby is, authorized to execute said Warranty Deed on behalf of the company;

IT IS HEREBY FURTHER RESOLVED that with the company having no further assets and upon the unanimous agreement of the Members, that it be dissolved pursuant to Section 12.1.1 and 12.1.2 of the company's Operating Agreement and the laws of the State of Florida; and

IT IS HEREBY FINALLY RESOLVED that Managing Member Scott E. Clemons be, and hereby is, authorized to execute the Articles of Dissolution required by the State of Florida documents to end the company's existence.

Dated: December 28, 2021

Signed and authenticated by:



Scott E. Clemons, Managing Member