

L13000162329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

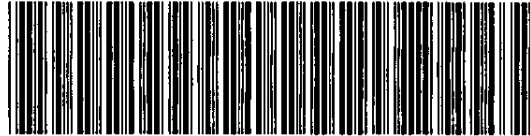
(Business Entity Name)

(Document Number)

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2016 JAN 19 PM 2:34
FALLABASSIST LONDONA

JAN 21 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chateau de Savon, 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:

Amy ALLEN
(Name of Person)

(Firm/Company)

9107 WOODBAY DRIVE
(Address)

TAMPA, FL 33626
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Allen at (727) 894-9955
(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/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

Chateau de Savon, LLC

2. The Articles of Organization were filed on November 19, 2013 and assigned

document number L13000162329

3. The delayed effective date the dissolution if not effective on the date of filing: ENDED Dec. 31, 2015
(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).

Amy Allen's (sole member) decision as sales

were too weak to justify company.

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

Amy Allen

9107 WOODBAY Drive

TAMPA, FL 33626

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:

Amy Allen
Signature

Amy Allen
Printed Name

FILING FEE: \$25.00

2018 JAN 19 PM 2:34
TALLAHASSEE FLORIDA