

L13000173387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

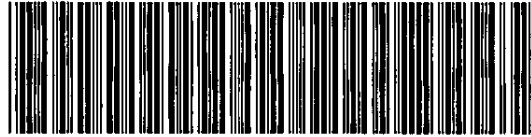
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 15 PM 1:50

APR 21 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brylene Properties 1, 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:

Darlene Shipley

(Name of Person)

(Firm/Company)

4450 Treasure Cay Road

(Address)

Tavares, FL 32778

(City/State and Zip Code)

For further information concerning this matter, please call:

Darlene Shipley

(Name of Person)

at 352 552-6399
(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
Brylene Properties 1, LLC
2. The Articles of Organization were filed on 12/16/2013 and assigned
document number L13000173387
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).
Financial situation for one of the partners changed dramatically. Unable to participate.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Darlene Shipley
4450 Treasure Cay Rd
Tavares, FL 32778
352-552-6399
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

DARLENE SHIPLEY
Printed Name

FILING FEE: \$25.00

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FILING FEE: \$25.00

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