L14 0000 ZOLOS

(Requ	iestor's Name))
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



100268547441

01/26/15--01021--003 **25.00

15 JAN 26 AM 9: 34

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Natures Point Lane 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:
Suson Jewell (Name of Person)
Wedge Associates ILC (Firm/Company)
12180 South Shore Blvd, Suite 101A
Wellington, FL 33414 (City/State and Zip Code)
For further information concerning this matter, please call:
William Wedge FS9 at (561) 227-1555 (Natural of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution

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

l.	The name of a limited liability company is			
	Natures Point Lane LLC			
2.	The Articles of Organization were filed on O2/06/2014 and assigned			
	document number <u>L 140000 20008</u>			
3.	The delayed effective date the dissolution if not effective on the date of filing: 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).			
	No longer in business.			
	J,			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's			
	activities and affairs: William J Wedge Esq.			
	Wedge Associates LLC			
	12180 South Shore Blvd., Suite 101A			
	Wellington, FL 33414			
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:			
	William J Wedge			
	Signature Printed Name			
	FILING FEE: \$25.00			