

L14D000045722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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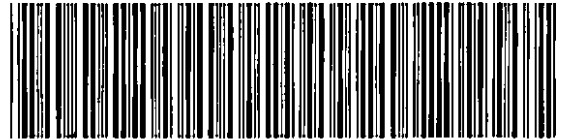
(Business Entity Name)

(Document Number)

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18 AUG - 2 AM 10:48

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
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Date: 8/2/2018

Account#: 1200000000088

Name: Merritt Walker

Reference #: A451194

Entity Name: FAMILY LANDHOLDINGS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: mw

✪ CORPORATE HQ
COGENCY GLOBAL INC
10 E 40TH ST, 10TH FL
NY, NY 10016
800.221.0102
+1.212.947.7200

✪ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY NO: 0727
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

✪ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILY LANDHOLDINGS, 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:

Stewart McGough, Esq.

(Name of Person)

Scolaro Fetter Grizanti & McGough, P.C.

(Firm/Company)

507 Plum St., Ste. 300

(Address)

Syracuse, NY 13204

(City/State and Zip Code)

For further information concerning this matter, please call:

Stewart McGough, Esq. at 315 471-8111

(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

FAMILY LANDHOLDINGS, LLC

2. The Articles of Organization were filed on 3/19/2014 and assigned

document number L14000045722

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).

THE CONSENT OF ALL OF THE MEMBERS.

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

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:

Joseph R. Moreau
Signature

Joseph R. Moreau, Manager
Printed Name

FILING FEE: \$25.00

18 AUG 22 PM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: FAMILY LANDHOLDINGS, LLC

Document number of Limited Liability Company is: L14000045722

Date of dissolution was: _____

Description of information that must be included in a written claim:

All facts forming the basis of claim, including any contract,
invoice or other writing that describes the product or
service provided to the Company.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Joseph R. Moreau


8755 SW 83rd Court Road

Ocala, FL 34481

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Joseph R. Moreau

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

FILED
AUG 12 PM 8:14
DEPT. OF STATE
TALLAHASSEE, FLORIDA