

L14000049341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC - 5 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACORN 6A CRAWFORDVILLE REAL ESTATE, 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:

Alexandra Price

(Name of Person)

Sabal Financial Group, LP

(Firm/Company)

4675 MacArthur Court Ste. 1550

(Address)

Newport Beach, CA 92660

(City/State and Zip Code)

For further information concerning this matter, please call:

Alexandra Price

(Name of Person)

at (949) 255-2660

(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

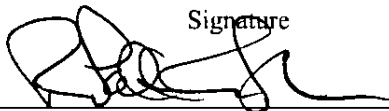
ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
ACORN 6A CRAWFORDVILLE REAL ESTATE, LLC
2. The Articles of Organization were filed on 03/25/2014 and assigned
document number L14000049341
3. The delayed effective date the dissolution if not effective on the date of 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).
Real Estate Sold, No Further Activity.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
R. Patterson Jackson
4675 MacArthur Court, Suite 1550
Newport Beach, CA 92660

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


Printed Name

R. Patterson Jackson

FILING FEE: \$25.00