## 1/400006/053

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K. SALY EXAMINER DEC 28 2015

## COVER LETTER

Division of Corporations							
SUBJECT: Sylvan VENTURES LLC (Name of Limited Liability Company)							
(Name of Limited Liability Company)							
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.						
Please return all correspondence concerning this matter to th	e following:						
Sylvan Am	os						
, (Name	of Person)						
(Firm/	Company)						
2108 GRANTHAM G	REENS DRIVE ddress)						
SUN CITY CENTER (City/State	FL. 33573 and Zip Code)						
For further information concerning this matter, please call:							
Sylvan Amos (Name of Person)	at (989) 631-6505 (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	STREET/COURIER ADDRESS: Registration Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle						
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Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

7

1.	The name of a limited liability company is  SYLVAN VENTUR	RES LLC	TAIL AHA GOEF	PM 4:27 DESTAN
2.	. The Articles of Organization were filed on	April 14, 201	4 and assigned	TEORIDA
	document number <u>L 140000610</u>	053		
3.	The delayed effective date the dissolution if no (effective date cannot be prior to Note: If the date inserted in this block does not m listed as the document's effective date on the Department.	eet the applicable statutory fili	ling: late document is received for filing ing requirements, this date wil	ig) I not be
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on	e limited liability company' back cover letter).	s dissolution pursuant to se	ection
	OIL WELL INVESTIM	GNT WENT DI	R.y.	_
				_
				<del></del>
5.	. If there are no members, enter the name and ac	ldress of the person appoint	ted to wind up the company	y's
	activities and affairs: Sylvan A	MOS 2108 GRANT	HAM GREENS D	R
	·	SUN CITY CE	NTER, FL 335	73 —
				_
6. lis	. Signature of an authorized person or if there a sted above to wind up the company's activities a	re no members, the signatur and affairs:	re of the person appointed a	and
	Sylvan D ams	Sulva	1) Amos	12/15
/	Signature	Pri	1 D. Amos nted Name	1012-11

**FILING FEE: \$25.00**