

L140000062962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

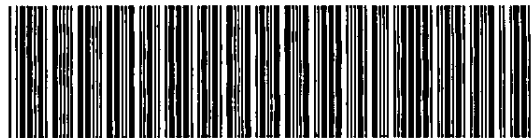
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALLAHASSEE, FLORIDA

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October 28, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SENT VIA USPS MAIL

RE: Three Palms Developers XII, LLC

Dear Sir or Madam:

Enclosed please find a check in the amount of \$25.00, which represents payment of the Filing Fee and Certificate of Dissolution. Also enclosed is the original Articles of Dissolution for a Limited Liability Company.

If you have any questions or need additional information, please do not hesitate to contact us at 239-435-3535.

Sincerely,

Michael D. Gentzle

/mlt

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Three Palms Developers XII, 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:

Michael D. Gentzle, Esq.

(Name of Person)

Coleman, Yovanovich & Koester, P.A.

(Firm/Company)

4001 Tamiami Trail North, Suite 300

(Address)

Naples, Florida 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael D. Gentzle

(Name of Person)

at (239) 435-3535

(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

Three Palms Developers XII, LLC

2. The Articles of Organization were filed on April 16, 2014 and assigned

document number L14000062962

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).

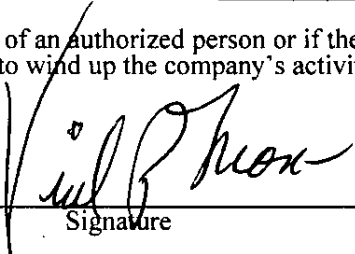
Company sold all of its assets.

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

15 NOV - 2 AM 11:30
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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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

Vincent P. Mona

Printed Name

FILING FEE: \$25.00