## L140000 69191

| (Re                     | equestor's Name)   | ····        |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | ÷#)         |
| PICK-UP                 | ☐ WAIT             | MAIL.       |
| (Bu                     | ısiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

......**₽**.

| TO: Registration Section Division of Corporations   |   |  |
|---|---|--|
| SUBJECT: THE LODGE AT HICKORY COVE  |   |  |
| (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:   |   |  |
|   |   |  |
| LYNDA JACOBS  |   |  |
| (Name of Person)  |   |  |
|   |   |  |
| (Firm/Company)  |   |  |
| 75 FOREST VIEW LANE (Address)  MURPHY, Ni C. 28906 (City/State and Zip Code)  |   |  |
| MURPHY, N.C. 28906  |   |  |
| (City/State and Zip Code)   |   |  |
| For further information concerning this matter, please call:  |   |  |
| LYNDA JACOBS at (828) 644-0032  (Name of Person) (Area Code & Daytime Telephone Number)   |   |  |
| (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) |   |  |
| CHECK PREVIOUSLY SENT Certified Copy (additional copy is enclosed)  LETTER #-715A00023372   |   |  |
| ,   |   |  |
| MAILING ADDRESS: STREET/COURIER ADDRESS Registration Section Registration Section   | : |  |
| Division of Corporations Division of Corporations   |   |  |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle   |   |  |

Tallahassee, FL 32301



November 4, 2015

LYNDA JACOBS 85 FOREST VIEW LANE MURPHY, NC 28906

SUBJECT: THE LODGE AT HICKORY COVE, LLC

Ref. Number: L14000069191



We have received your document for THE LODGE AT HICKORY COVE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 715A00023372



## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is  THE LODGE AT HICKORY COVIE   |
|---|
| 2. The Articles of Organization were filed on APRIL 25, 2014 and assigned   |
| document number   |
| 3. The delayed effective date the dissolution if not effective on the date of filing: DCTOBER 25, 2015 (effective date cannot be prior to or more than 90 days later than date document is received to hing).  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).  SALE OF PROPERTY   |
|   |
| 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  LYNDA JACOBS   |
| 85 FOREST VIEW LAWE   |
| MURPHY, NC 28906  |
| 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:  |
| Synda Jacobs Signature  LYNDA JACOBS Printed Name   |
| FILING FEE: \$25.00   |