

L14000069913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
JUN 13 AM 9:54
FILED

J. Stivers JUN 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPRING FIELD 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:

BOPEARACHCHIGE DON FRANK

(Name of Person)

SPRING FIELD LLC

(Firm/Company)

4520

~ OAK CREEK CREEK STREET

(Address)

ORLANDO FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

BOPEARACHCHIGE DON

(Name of Person)

904

at (

263-0656

(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
SPRING FIELD LLC
2. The Articles of Organization were filed on 04/30/2014 and assigned
document number L14000069913
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)
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).
BUSINESS SOLD TO ANOTHER PARTY.

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

14 JUN 13 AM 9:15	FILED
CLERK OF CIRCUIT COURT	
JACKSONVILLE, FLORIDA	

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

PRAGNA PRIYADARSHAN
Printed Name

FILING FEE: \$25.00