

Nov. 30. 2017 2:10PM

No. 4177 P. 1

11/30/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L14000073585

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

**LLC DISSOLUTION OR WITHDRAWAL
REST VENTURES 4, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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DEC 01 2017
J. HARRIS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rest Ventures 4, 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:

N. Dwayne Gray, Jr., Esq.

(Name of Person)

Zimmerman Kiser Sutcliffe, P.A.

(Firm/Company)

315 E. Robinson Street, Suite 600

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Jellicorse

(Name of Person)

at (407) 425-7010

(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

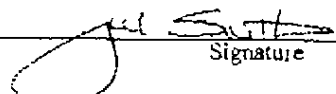
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
266i Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
REST VENTURES 4, LLC
2. The Articles of Organization were filed on 05/06/2014 and assigned
document number L14000073585
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).
The occurrence specified in 605.0701(2) of the LLC Act - the written consent of all of the voting members of the
Company to dissolve the Company and wind up its affairs.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jill A. Smith, as Manager
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

Jill A. Smith, as Manager
Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Rest Ventures 4, LLCDocument number of Limited Liability Company is: L14000073585

Date of dissolution was: _____

Description of information that must be included in a written claim:

1. Reasonable description of the claim being asserted

2. Name, address, and contact information of person or entity asserting the claim

3. Contract or other evidence underlying claim, if any

4. Amount of alleged damages associated with claim, if any

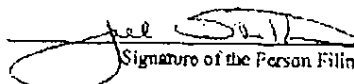
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Zimmerman Kiser Sutcliffe, P.A., Attn: N. Dwayne Gray, Jr., Esq.315 E. Robinson Street, Suite 600Orlando, FL 32801Tel: 407-425-7010; Fax: 407-425-2747

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jill A. Smith, Manager

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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