

214 000 115722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

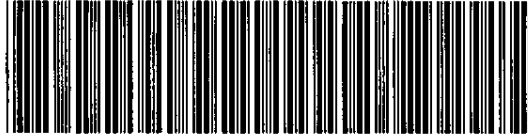
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/04/14--01010--014 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOUR SHORES 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:

HELENA THRASHER

(Name of Person)

(Firm/Company)

1000 DOUGLAS AVE. APT. 189

(Address)

ALTAMONTE SPRINGS FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

HELENA THRASHER

(Name of Person)

407

310-5972

at ()

(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

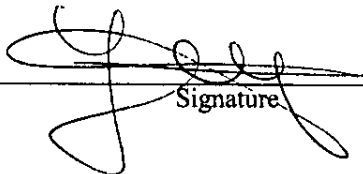
STREET/COURIER ADDRESS:

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
FOUR SHORES LLC
2. The Articles of Organization were filed on 07/23/2014 and assigned
document number L14000115722
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).
RESIGNATION OF ONE OF THE MEMBERS - BUSINESS NEVER OPENED
OR BEGIN OPERATIONS AS PLANNED.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed as
listed above to wind up the company's activities and affairs:


Signature

HELENA THRASHER
Printed Name

FILING FEE: \$25.00

14 DEC -4 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED