

L14 000 118372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

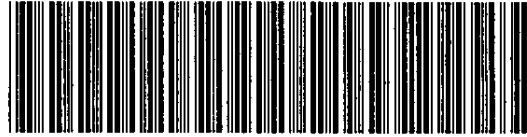
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/17/14--01015--008 **25.00

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2014 DEC 17 PM 12:20
STATION OF STATE
CLERK

DEC 22 2014

1 CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barleynog Capital, 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:

William Seitz

(Name of Person)

(Firm/Company)

2601 S. Bayshore Dr, Suite 800

(Address)

Miami, FL 33133

(City/State and Zip Code)

2014 DEC 17 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

William Seitz

(Name of Person)

at (305) 377-3770

(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

Barleynog Capital, LLC

2. The Articles of Organization were filed on 07/28/14 and assigned

document number L14000118372

3. The delayed effective date the dissolution if not effective on the date of filing: December 29, 2014
(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).

The consent of all members.

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 and listed above to wind up the company's activities and affairs:

W Seitz
Signature

William Seitz

Printed Name

FILING FEE: \$25.00

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FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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: Barleynog Capital, LLC

Document number of Limited Liability Company is: L14000118372

Date of dissolution was: December 29, 2014

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

Name, address, telephone number, e-mail address of claimant and basis of claim

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RECEIVED
ALLAHASSEE COUNTY
FLORIDA

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

William Seitz

4351 Cultry Dr

Miami, FL 33133

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.

William Seitz

Printed Name of the Person Filing

WR Seitz

Signature of the Person Filing

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