

L14000121219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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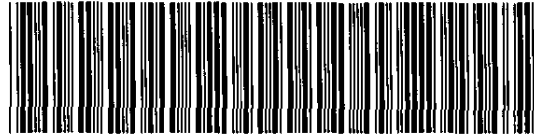
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
14 OCT 10 AM 10:45

FILED  
14 OCT 10 AM 11:30  
SECRETARY OF STATE  
ALLAHABAD, FLORIDA

6/13/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 273145 8007690

AUTHORIZATION :

COST LIMIT : \$25.00

*[Handwritten signature]*

ORDER DATE : August 27, 2014

ORDER TIME : 9:05 AM

ORDER NO. : 273145-015

CUSTOMER NO: 8007690

DOMESTIC FILINGS

NAME: THE SECRET GARDEN GUESTHOUSE,  
LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
THE SECRET GARDEN GUESTHOUSE, LLC
2. The Articles of Organization were filed on 08/01/2014 and assigned  
document number L14000121219
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).  
Unable to use.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: David Medici  
2607 NE 8TH AVE, UNIT 11  
WILTON MANORS FL 33334  
\_\_\_\_\_
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

David Medici

Printed Name

FILING FEE: \$25.00

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