

214000131026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

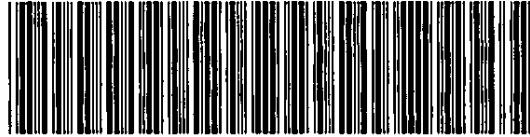
(Business Entity Name)

(Document Number)

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HALL COUNTY OF STATE  
HALL COUNTY, FLORIDA

MAY 03 2016

J SHIVERS

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **MODOLA WATSON PROPERTIES 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:

**NANCY WATSON**

(Name of Person)

**MODOLA WATSON PROPERTIES LLC**

(Firm/Company)

**1205 BEAUMONT ST**

(Address)

**ST. JOHNS, FL 32259**

(City/State and Zip Code)

For further information concerning this matter, please call:

**NANCY WATSON**

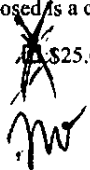
(Name of Person)

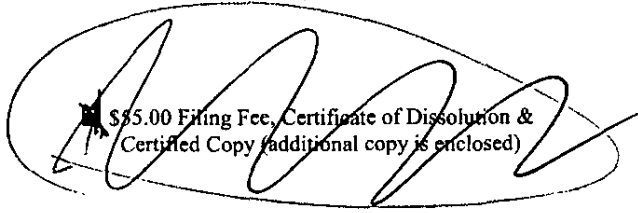
**904 613 6663**

at

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

 \$25.00 Filing Fee and Certificate of Dissolution

 \$25.00 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  
MODOLA WATSON PROPERTIES LLC

2. The Articles of Organization were filed on AUGUST 4, 2015 and assigned

document number EIN 47-1703049

3. The delayed effective date the dissolution if not effective on the date of filing: JANUARY 1, 2016  
(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).

WE LENT MONEY TO A FRIEND. THE MONEY HAS BEEN PAID BACK. WE DON'T PLAN ON DOING AGAIN.

WE PLAN TO USE THE MONEY FOR PERSONAL REASONS.

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

activities and affairs:

NANCY WATSON

1205 BEAUMONT ST

JACKSONVILLE, FL 32259

16 APR 28 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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:

Nancy Watson  
Signature

NANCY WATSON

Printed Name

**FILING FEE: \$25.00**