

214000133691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 DEC 13 A 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 DEC 13 PM 1:53

DEC 16 2019
TLETEX

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 100693 8050701

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 13, 2019

ORDER TIME : 11:32 AM

ORDER NO. : 100693-005

CUSTOMER NO: 8050701

DOMESTIC FILINGS

NAME: DESERT WINDS, 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: Kadesha Roberson - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Desert Winds, 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:

Scott Crossfield

(Name of Person)

LEDIC Realty Company, LLC

(Firm/Company)

105 Tallapoosa Street, Suite 300

(Address)

Montgomery, AL 36104

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Crossfield

(Name of Person)

334

954-4458

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

Desert Winds, LLC

2. The Articles of Organization were filed on August 26, 2014 and assigned

document number L14000133691

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)

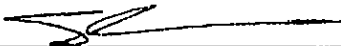
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

No longer doing business

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:



Signature

Scott Crossfield

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA