L14000 146936

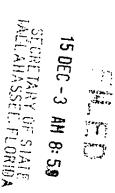
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number) "
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700279509747

12/03/15--01024--021 **25.00



DEC 0 4 2015 J SHIVERS

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division	of Corporations	
CUBICCT.	1163 Winterberry Dr.,	LLC
SUBJECT:	(Name of Limited	Liability Company)
The enclosed Art	ticles of Dissolution and fee(s) are submitted	for filing.
Please return all	correspondence concerning this matter to the	e following:
T Jourso Total II all	correspondence compening and master to the	
	Christopher A. Roc	he
		of Person)
	Law Office of Chri	stopher A. Roche
(Firm/Company)		
	229 N. Collier Bou	levard ddress)
	Marco Island, FL 3	
	(City/State	and Zip Code)
For further information	mation concerning this matter, please call:	
Chri	stopher A. Roche	at (239) 389-0700 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a chec	k for the following amount:	
⊠ \$ 25.00 I	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia	ility company is
1163 Winterbe	ry Dr., LLC
2. The Articles of Organiza	on were filed on December 16, 2014 and assigned
document number _ L14	000146936
(effect Note: If the date inserted in	the dissolution if not effective on the date of filing: <u>December 16</u> , 201 we date cannot be prior to or more than 90 days later than date document is received for filing) a this block does not meet the applicable statutory filing requirements, this date will not be ective date on the Department of State's records.
4. A description of occurrer 605,0707, Florida Statutes	the that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).
Pursuant to Sec	tion 605.0707(2) Florida Statutes the company
has been dissol of all the memb	ers.
5. If there are no members, activities and affairs:	nter the name and address of the person appointed to wind up the company of the person appointed to the person a
6. Signature of an authorize listed above to wind up the c	person or if there are no members, the signature of the person appointed and ompany's activities and affairs:
Mistoplu 6./	Christopher A. Roche
Signature	Printed Name

FILING FEE: \$25.00