

L15000015939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

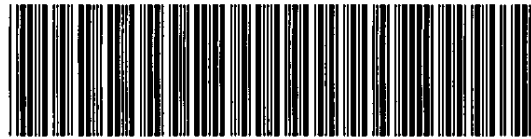
(Business Entity Name)

(Document Number)

Certified Copies _____ **Certificates of Status** _____

Special Instructions to Filing Officer:

Office Use Only



200280352912

200280352912
12/29/15--01008--006 **25.00

FILED
2015 DEC 28 PM 2:44
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 30 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notice of Dissolution

DOCUMENT NUMBER: L15000615939

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Schuster
(Name of Contact Person)

(Firm/Company)

1111 State Avenue
(Address)

Holly Hill FL 32117
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Schuster at (386) 947-9256
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

2015 DEC 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Mango Sun Ormond, LLC

2. The Articles of Organization were filed on January 12, 2015 and assigned

document number L15000015939

3. The delayed effective date the dissolution if not effective on the date of filing: December 1, 2015
(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).

Dissolution was approved by the members. The
number of votes cast for dissolution was sufficient for
approval

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

Linda Schuster
1111 State Avenue
Holly Hill, FL 32117

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:

Linda Schuster

Signature

Linda Schuster

Printed Name

FILING FEE: \$25.00