

215000016878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JS  
7/16

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bayline I, 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:

David E. Torres  
(Name of Person)

(Firm/Company)

7742 Allico Rd  
(Address)

Ft. Myers FL 33912  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Torres at (239) 208 4079  
(Name of Person) (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/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

Bayline I, LLC

2. The Articles of Organization were filed on 1/28/15 and assigned

document number L15000016878

3. The delayed effective date the dissolution is not effective on the date of filing: 8/30/18  
(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).

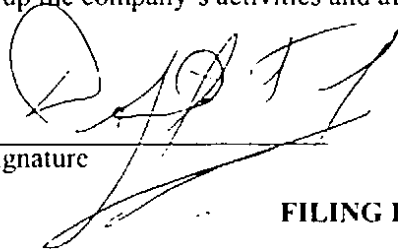
No need for LLC at this time as there  
are no active operations.

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

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TALLAHASSEE, FLORIDA

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



Printed Name

David E. Torres

**FILING FEE: \$25.00**

Manager

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Bayline I, LLC

Document number of Limited Liability Company is: L1500001687-8

Date of dissolution was: 8/30/18

Description of information that must be included in a written claim:

Relevant backup, invoices, etc

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

7742 Allico Rd

Ft. Myers FL 33912

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

David E. Torres

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**