

L15000019569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
DEC 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONCERNED RESIDENTS OPPOSING WALMART DEVELOPMENT, 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:

MATTHEW BOLTZ

(Name of Person)

CONCERNED RESIDENTS OPPOSING WALMART DEVELOPMENT, LLC

(Firm/Company)

497 N. PINE MEADOW DRIVE

(Address)

DEBARY, FL 32713

(City/State and Zip Code)

For further information concerning this matter, please call:

STANLEY TOWNSEND, ESQ. at 407 314-6364
(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

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
CONCERNED RESIDENTS OPPOSING WALMART DEVELOPMENT, LLC
2. The Articles of Organization were filed on 02/02/2015 and assigned
 document number L 15000019569
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).
 This LLC has performed the goals and objectives stated in its operating agreement. No further business will be
 conducted and no obligations are outstanding. No claims are known to exist against this LLC.
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: _____

Matthew W. Brey
Signature

MATTHEW K BOLTZ
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA