

L15000027761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

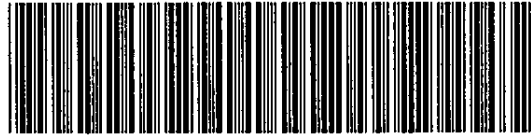
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 DEC 21 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 22 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Dream Home 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:

Allison Penny

(Name of Person)

Registered agent

(Firm/Company)

233 SW 3rd St

(Address)

Ocala, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Penny

(Name of Person)

at 352 362-9222

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 DEC 21 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 3, 2015

ALLISON PENNY
233 SW 3RD ST
OCALA, FL 34471

SUBJECT: CENTRAL FLORIDA DREAM HOME LLC
Ref. Number: L15000027761

We have received your document for CENTRAL FLORIDA DREAM HOME LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 815A00023292

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Central Florida Dream Home LLC

2. The Articles of Organization were filed on 02/13/20105 and assigned

document number L15000027761

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).

Administrative dissolution

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

Registered agent

233 SW 3rd St Ocala, FL 34471

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

Allison Penny

Printed Name

FILING FEE: \$25.00

2016 DEC 21 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA