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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

SECRETARY OF STATE OF VIVISION OF CORPORATION 15 JUN 18 AM 10: 51

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COVER LETTER

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TO:	Registration Section
	Division of Corporations

(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:

(Name of Person) (Firm/Company) (Address) (City/State and Zip Code)

For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number) (Name of Person)

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 ADDRI

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 Annual Electric Lands and the liability and the liabi
2.	The Articles of Organization were filed on
	document number $E/N - 477 - 3689744 - 150000637$
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).
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	712 SEA DOCK DR
	Donour Ben I
	32119
	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
2	Dulle Deenin Topis
	Signature Printed Name SARY B FARYER FILING FEE: \$25.00
	FILING FEE: \$25.00
	ATIONS TO THE REPORT OF THE RE

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: Document number of Limited Liability Company is: Date of dissolution was: ___ Description of information that must be included in a written claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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

Printed Name of the Person Filing

Signature of the Person Filing