

L15000094827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Alex Roe \_\_\_\_\_ GAVE

NOTION BY PHONE TO

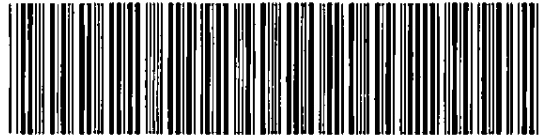
THE EFFECTIVE date is filing date

2/16/18

100 BROW

Y.S

Office Use Only



400308350254

2018 FEB -2 PM 4:29  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
18 FEB -2 AM 9:49

FILED

FEB 06 2018

M. BULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2018

CSC

SUBJECT: STRONGHOLD TITLE, LLC  
Ref. Number: L15000094827

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

The effective date must be specific and cannot be prior to the date of filing.

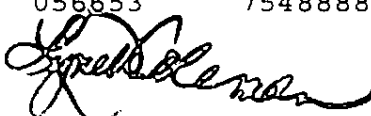
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 518A00002326

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 056653 7548888  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : February 2, 2018

ORDER TIME : 2:51 PM

ORDER NO. : 056653-005

CUSTOMER NO: 7548888

DOMESTIC FILINGS

NAME: STRONGHOLD TITLE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF DISSOLUTION  
OF  
STRONGHOLD TITLE, LLC**

Pursuant to Section 605.0707, Florida Statutes, the undersigned Florida limited liability company submits these Articles of Dissolution.

1. The name of the limited liability company is Stronghold Title, LLC (the "Company").
2. The Articles of Organization for the Company were filed on May 29, 2015, and assigned document number L15000094827.
3. Pursuant to Section 605.0701, Florida Statutes, the Company was dissolved by the written consent of all of the members of the Company.
4. The effective date of the Company's dissolution is January 31, 2018.

↳ Written consent day of all  
of the members  
for dissolution

**Stronghold Title, LLC,**  
a Florida limited liability company

By: \_\_\_\_\_

Aaron M. Davis, Manager

FILED  
18 FEB - 2 AM 9:49  
CLERK OF COURT  
HILLSBORO, FLORIDA

## Notice of Limited Liability Company Dissolution

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: Stronghold Title, LLC

Document number of Limited Liability Company is: L15000094827

Date of dissolution was: January 31, 2018

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

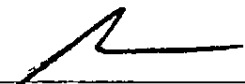
Legal name, address, and telephone number of the claimant; description of the substance of the claim; documentary and factual basis for the claim; date upon which and reason why claim arose; asserted damages by both amount and type; whether a claim for attorney's fees or cost is involved; and claimant's knowledge of any third party or indemnifying party with an interest in the alleged claim.

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

Aaron M. Davis  
1605 South Alexander Street  
Suite 102  
Plant City, Florida 33563.

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.

Aaron M. Davis  
Printed Name of the Person Filing

  
Signature of the Person Filing