

L15000137867

(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:

Office Use Only



400298526764

05/01/17--01017--009 \*\*25.00

FILED  
17 MAY -1 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAY 3 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 327 Tamiami Trail, LLC

**DOCUMENT NUMBER:** L15000137867

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Brenda J Lynch**

(Name of Contact Person)

(Firm/Company)

**334 W Olympia Ave**

(Address)

**Punta Gorda FL 33950**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Brenda J Lynch**

(Name of Contact Person)

at ( **941** )

(Area Code)

**639-0888**

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

(Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
17 MAY - 1 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

327 Tamiami Trail, LLC

2. The Articles of Organization were filed on 8/12/2015 and assigned

document number L15000137867

3. The delayed effective date the dissolution if not effective on the date of filing: 2/28/2017  
(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).

Ceased activity

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Brenda J Lynch, 334 W Olympia Ave, Punta Gorda, FL 33950

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:

Brenda J Lynch  
Signature

Brenda J. Lynch  
Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAY - 1 PM 2:05

FILED