## K15000141646

(Requ	uestor's Name)	
(Address)		
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





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TO: Registration Section Division of Corporations

(Name of Limited Liability Company) SUBJECT: The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Martha Murray (Firm/Company) West Indianhead Drive

[Address]

[Allahasser F. L. 32301

(City/State and Zip Code) For further information concerning this matter, please call: Mattha Murray at (850) 443-5884

(Area Code & Davtime 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 Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
CARR'S HILL, LLC
2. The Articles of Organization were filed on <u>August 24, 2015</u> and assigned
document number <u>L 15000 1416 46</u>
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).
Vacation rental business ended and
property was Sold.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Marthe Murray
2314 West Indianhead Drive
Tallahessee, FL 32301
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:
Martha Murray
Signature / Printed Name /
FILING FEE: \$25.00