

L15000151669

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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FOX ROTHSCHILD LLP  
Account Number : I20130000024  
Phone : (215) 299-2162  
Fax Number : (215) 299-2150

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC DISSOLUTION OR WITHDRAWAL  
OLD FARM GOLF CLUB TURNOVER, LLC**

Certificate of Status	0
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: OLD FARM GOLF CLUB TURNOVER, 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:

**VANESSA LAGANA**

(Name of Person)

**FOX ROTHSCHILD LLP**

(Firm/Company)

**2 S. BISCAYNE BLVD., STE 2750**

(Address)

**MIAMI, FLORIDA 33131**

(City/State and Zip Code)

For further information concerning this matter, please call:

**VANESSA LAGANA**

(Name of Person)

at ( **305** ) **442-6540**

(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

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

1. The name of a limited liability company is  
OLD FARM GOLF CLUB TURNOVER, LLC
2. The Articles of Organization were filed on 09/03/2015 and assigned  
document number L15000151669
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).  
THE AUTHORIZED REPRESENTATIVE CONSENTS IN WRITING TO DISSOLVE THE COMPANY  
AS IT NEVER HAD ANY ACTIVITIES AND/OR MEMBERS
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: HOWARD BREGMAN, ESQ.
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

HOWARD BREGMAN, ESQ.

Printed Name

**FILING FEE: \$25.00**

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