1160000389

(Requestor's Name)		
(Address)	7002973	
(Address)	, 0020, 00	
(City/State/Zip/Phone #)		
<u> </u>	04/19/170102	
(Business Entity Name) (Document Number)	04713711~~0102	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	·	



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COVER LETTER

TO:	TO: Registration Section Division of Corporations			
eim ii	The Slab at Southern, LLC			
SUBJE		ed Liability Compa	any)	
	closed Articles of Dissolution and fee(s) are submitt	-		
Kelly M. Fenstermacher				
(Name of Person)				
Southern Brewing & Winemaking, Inc.				
(Firm/Company)				
717 W. Ohio Ave.				
	(Address)			
	Tampa, FL 33603			
	(City/Sta	te and Zip Code)		
For furt	ther information concerning this matter, please call:			
	Kelly Fenstermacher	813 at (766-7400	
	(Name of Person)	(Area C	Ode & Daytime Telephone Number)	
Enclose	d 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:		REET/COURIER ADDRESS:	
	Registration Section Division of Corporations	_	istration Section sion of Corporations	
	P.O. Box 6327	Clift	on Building	
	Tallahassee, FL 32314	2661	Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	1. The name of a limited liability company is The Slab at Southern, LLC	
2.	2. The Articles of Organization were filed on 2/24/16	and assigned
	document number L16000038919	
3.	3. The delayed effective date the dissolution if not effect (effective date cannot be prior to or more) Note: If the date inserted in this block does not meet the allisted as the document's effective date on the Department of	han 90 days later than date document is received for filing) oplicable statutory filing requirements, this date will not
4.	4. A description of occurrence that resulted in the limited 605.0707, Florida Statutes, (copy 605.0707 on back co	liability company's dissolution pursuant to section ver letter).
	The company is no longer in operation.	
5.	5. If there are no members, enter the name and address of activities and affairs:	the person appointed to wind up the company's
6. lis	6. Signature of an authorized person or if there are no me listed above to wind up the company's activities and affair	mbers, the signature of the person appointed and rs:
	Mu Joustinanter	Kelly M. Fenstermacher
7	Signature	Printed Name

FILING FEE: \$25.00