

L16000057366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

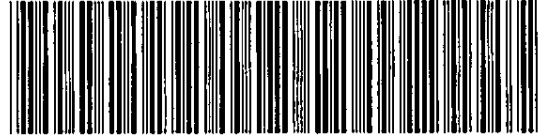
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



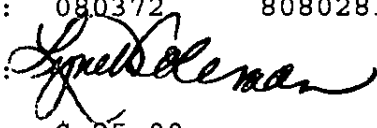
900283943039

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10 ACKNOWLEDGE
SUFFICIENCY OF FILING
16 MAR 29 PM 2:58

FILED
2016 MAR 29 AM 7:25
SECURITY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAR 30

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

ACCOUNT NO. : I20000000195
REFERENCE : 080372 8080281
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : March 28, 2016
ORDER TIME : 11:19 AM
ORDER NO. : 080372-010
CUSTOMER NO: 8080281

DOMESTIC FILINGS

NAME: 3DEED, 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: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

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

FILED
2016 MAR 29 AM 7:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
3DEED, LLC

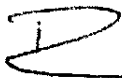
2. The Articles of Organization were filed on 03/21/2016 and assigned
document number L16000057366

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).
Original filing contained incorrect information

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: N/A

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

Robert E. DiLauro

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: 3DEED, LLC

Document number of Limited Liability Company is: L16000057366

Date of dissolution was: _____

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

Original filing contained incorrect information

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

7257 NW 4th Blvd, #4

Gainesville, FL 32607

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.

Robert E. DiLauro

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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2016 MAR 29 AM 7:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA