

1. **L16000069256**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/12/18--01015--004 \*\*25.00

FILED  
2018 APR 12 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. LEGGETT  
APR 13 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: One Naples Place 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:

Don Tipps

(Name of Person)

One Naples Place LLC

(Firm/Company)

7 Stone Mountain Blvd.

(Address)

Englewood, FL 34223

(City/State and Zip Code)

For further information concerning this matter, please call:

Don Tipps

(Name of Person)

at

(941) 475-1223

(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

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

1. The name of a limited liability company is

One Naples Place LLC

2. The Articles of Organization were filed on April 7, 2016 and assigned

document number L16000069256

3. The delayed effective date the dissolution if not effective on the date of filing: April 20, 2018  
(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).

Sale of property asset

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

Don Tipps  
7 Stone Mountain Blvd, Englewood FL  
Cheryl Tipps  
7 Stone Mountain Blvd, Englewood FL

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:

Don Tipps  
Signature

Don Tipps  
Printed Name

**FILING FEE: \$25.00**

2018 APR 12 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED