(Requestor's Name)	
(Address) (Address)	200325098932
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	02/22/1901009022 **25.00
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1.5. 12A/A



TO: **Registration Section** Division of Corporations

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Acline Storage, LLC SUBJECT:

(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:

- · · _ ·	(Name of Person)	
Acline Storag	e, LLC	
	(Firm/Company)	
3691 Tamiam	ni Trail	
	(Address)	
Punta Gorda,	FL 33950	
	(City/State and Zip Code)	<u> </u>

For further information concerning this matter, please call:

Jill Calfee

(Name of Person)

Enclosed is a check for the following amount:

S25.00 Filing Fee and Certificate of Dissolution

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

941 Area Code & Daytime Telephone Number) at (_

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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 Acline Storage, LLC

2. The Articles of Organization were filed on <u>May 20, 2016</u> and assigned

document number	L16000099368
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3. The delayed effective date the dissolution if not effective on the date of filing: February 18, 2019 (effective date cannot be prior to or more than 90 days later than date document is received for filing)
<u>Note:</u> 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).

Owners decided to dissolve the company

5.	If there are no members, ent	er the name and address of the person appointed to wind up the	SECRETARY OF STAF	2019 FEB 22 AM 3: 2	AIT FILLED
	activities and affairs:	Robert J. Humpel		8	
		3691 Tamiami Trail	· · -	1	

Punta Gorda, FL 33950

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 J. Humpel

Printed Name

FILING FEE: \$25.00