# 116000100853

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		•
DISC		

Office Use Only



500293868495

01/25/17--01009--020 \*\*25.00

2011 FEB 16 PK 5: 05

K. SALY MAR - 9 2017



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2017

PATRICK DOHERTY RE: SHAMROCK VENTURES OF FLORIDA LLC. 4003 CATTAIL POND DR. JACKSONVILLE, FL 32224

SUBJECT: SHAMROCK VENTURES OF FLORIDA LLC.

Ref. Number: L16000100853



We have received your document for SHAMROCK VENTURES OF FLORIDA LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 917A00001766

### **COVER LETTER**

SUBJECT: Shamrock Ventures of Florida 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:		
Patricul J. Joherty (Name of Person)		
N A		
(Firm/Company)		
4003 Cattail Pand Drive		
Jack son Me F/ 32224  (City/State and Zip Code)		
(619,5112 110 2.17 6626)		
For further information concerning this matter, please call:		
Patricul oh erty at (904) 200-2000 (Name of Person) at (904) (Area Code & Daytime Telephone Number)		
(Name of Person) (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: STREET/COURIER ADDRESS:		

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

TO:

Registration Section **Division of Corporations** 

> Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DISSOLUTION		
	FOR A LIMITED LIABILITY COMPANY		
1.	The name of a limited liability company is  Shancol Ventures of Florda LLC FALLAHASSEE, FLORIDA  The Articles of Organization were filed on May 19, 2016 and assigned		
2.	The Articles of Organization were filed on May 19, 2016 and assigned		
	document number <u>116000/00853</u>		
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 (company's dissolution pursuant to section back cover letter).			
A part-time position required me to create this LLC. No longer employed at this part-time Dosition.			
5. If there are no members, enter the name and address of the person appointed to wind up the company's			
	activities and affairs: Patreck T. Whenty		
	4003 Cattay Pand D.		
	Ladisonvelle, Fl. 32224		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
<u></u>	Signature Printed Name		

FILING FEE: \$25.00