46000106104

| (Req | uestor's Name) | |
|---------------------------|------------------|-----------|
| (Add | ress) | |
| (Add | ress) | |
| (City) | /State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nam | le) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |





400324488764

02/13/19--01016--005 ++25.00

FEB 1 8 2019 S. YOUNG

19 FEB 13 PH % 36

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Orlando City Central LLC (Name of Limited Liability Company) | | | |
| (i and si animy i i i i i i i i i i i i i i i i i i | | | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Christopher S. Nelson (Name of Person) | | | |
| Orlando City Central LLC | | | |
| (Firm/Company) | | | |
| 10135 Hart Ferd Maroun Rd | | | |
| (Address) | | | |
| Orlando FL 32877 (City/State and Zip Code) | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| (Name of Person) at (804) 513-7407 (Area Code & Daytime Telephone Number) | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | |
| ☐ \$55.00 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 | |
|--|----|
| Orlando City Central LLC | |
| 2. The Articles of Organization were filed onand assigned | |
| document number | |
| 3. The delayed effective date the dissolution if not effective on the date of filing: Necember 3 10 8 (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. | |
| 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). | |
| The LLC was formed to purhase real estate. | |
| No real estate was ever purchased. | |
| The LLC decided to dissolve. | |
| 5. If there are no members, enter the name and address of the person appointed to wind up the company's | η |
| activities and affairs: Size To 1 | 7 |
| | مس |
| <u> </u> | |
| 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: | |
| Christopher S. Nelson Signature Printed Name | |
| Signature Printed Name | |

FILING FEE: \$25.00