

116000107609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

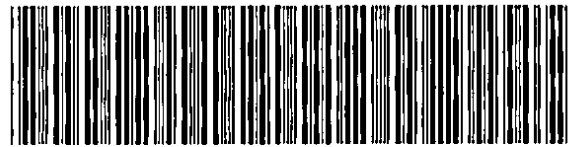
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2020 DEC -7 AM 9:21

FILED

2020 DEC -7 PM 12:34

DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

DEC 08 2020

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 12/7/2020

PRIORITY Routine

OUR REF # (Order ID#) 874363

ORDER ENTITY
5581 VINTAGE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
5581 VINTAGE, LLC (FL)

File the attached dissolution document and provide a certified copy.

NOTES:
\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

1. The name of a limited liability company is

5581 VINTAGE, LLC

2. The Articles of Organization were filed on 6/3/2016 and assigned

document number L16000107609

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).

The consent of the Managers

The consent of the Managers

The consent of the Managers

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

Steve Winegar

254 Elk Highlands Drive

Whitefish, MT 59937

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

Steve Winegar

Printed Name

FILING FEE: \$25.00

2020 DEC -7 AM 9:21
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