116000138480

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

Registration Section Division of Corporations

FLIPSIDE PROPERTIES, 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:

JANETTE F HAGLER

(Name of Person)

FLIPSIDE PROPERTIES, LLC

(Firm/Company)

PO BOX 3485

(Address)

LAKE CITY, FL 32056-3485

(City/State and Zip Code)

For further information concerning this matter, please call:

JANETTE F HAGLER

,386

205-9528

(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:

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

ì.	The name of a limited liability company is FLIPSIDE PROPERTIES, LLC
2.	The Articles of Organization were filed on JULY 22, 2016 and assigned
	document number <u>L16000138480</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, (copy 605.0707 on back cover letter).
	LAST PROJECT COMPLETED AND FINAL FEDERAL RETURN FILED
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	30
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:
	JANETTE F HAGLER
	Signature Printed Name FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: FLIPSIDE PROPERTIES, LLC
Document number of Limited Liability Company is: L16000138480
Date of dissolution was: MARCH 28, 2018
Description of information that must be included in a written claim:
DATE OF ORIGINAL CLAIM, DESCRIPTION, AND AMOUNT
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
JANETTE F HAGLER
PO BOX 3485
LAKE CITY, FL 32056-3485
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
JANETTE F HAGLER
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00