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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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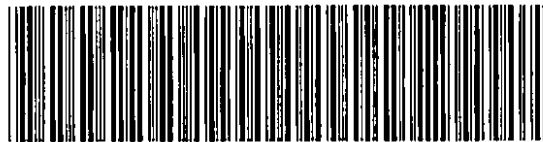
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 711 Bobwhite Lane, 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:

Christopher A. Roche
Name of Person

Firm/Company

229 N. Collier Boulevard
Address

Marco Island, FL 34145
City/State and Zip Code

For further information concerning this matter, please call:

Christopher A. Roche at (239) 389-0700
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)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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

1. The name of a limited liability company is 711 Bobwhite Lane, LLC.
2. The Articles of Organization were filed on July 27, 2016, and assigned document number 116000145335.
3. The delayed effective date the dissolution is not effective date of filing: February 1, 2019 (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 or State's record.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to Section 605.0707, Florida Statutes:

Pursuant to Section 605.0707(2) Florida Statutes the company has been dissolved at the direction of and with the consent of all the members.

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

6. Signature of 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

Printed Name

C. Roche, Manager

Christopher A. Roche

FILING FEE: \$25.00

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