

L16 000145554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

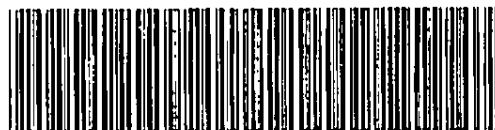
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/18/19--01017--004 **43.75

12/18/19--01017--004 **43.75

2020 JAN 14 09:20

R. WHITE

JAN 15 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Old Florida Gardens LLC

DOCUMENT NUMBER: L 16000145554

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jane N. Pugh

(Name of Contact Person)

Old Florida Gardens LLC

(Firm/Company)

3016 Graham Lane

(Address)

Tampa, Florida 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Pugh

(Name of Contact Person)

at (

813/933-1286

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2019

JANE N. PUGH
3016 GRAHAM LANE
TAMPA, FL 33618

SUBJECT: OLD FLORIDA GARDENS LLC
Ref. Number: L16000145554

We have received your document for OLD FLORIDA GARDENS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 919A00026344

ED

2020 JAN 6 11:11 AM

*Received
January 6, 2020
Jane H. Pugh*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLD FLORIDA EARDENS LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANE N. PUGH
(Name of Person)

OLD FLORIDA EARDENS LLC
(Firm/Company)

3016 GRAHAM LANE
(Address)

TAMPA FLORIDA 33618
(City/State and Zip Code)

For further information concerning this matter, please call:

JANE N. PUGH at (813) 933-1286
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2020 JUN 14 AM 9:20

1. The name of a limited liability company is

OLD FLORIDA GARDENS LLC

2. The Articles of Organization were filed on 07/29/2016 and assigned

document number L16 000 14 555 4

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).

VOLUNTARY DISSOLUTION

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

JANE N. PUGH
3016 GRIFFIN LANE
TAMPA FLORIDA 33618

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:

Jane N. Pugh
Signature

JANE N. PUGH
Printed Name

FILING FEE: \$25.00