

L/16000212014

\_\_\_\_\_  
(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:

2017 APR -3 PM 5:28

TALLAHASSEE, FLORIDA

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2017 APR -3 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR - 4 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EPIC GOLF, 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:

Marie WANSEER  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

29 JUNCTION STREET  
(Address)

WEST Babylon, New York 11704  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marie WANSEER at (207) 616-8247  
(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**

FILED  
2017 APR -3 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

EPIC GOLF, LLC

2. The Articles of Organization were filed on 11/18/2016 and assigned

document number L16000212014

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).

COULD NOT OBTAIN proper liability insurance  
needed to open business. Business never  
opened

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

MARIE WANSE  
29 JUNCTION STREET  
West Babylon, New York 11704

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:

Marie Wansee  
Signature

MARIE WANSE  
Printed Name

**FILING FEE: \$25.00**