

L160000212647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

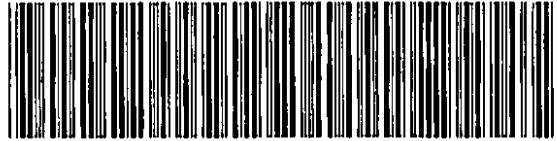
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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400317413624

08/22/18--01014--031 \*\*55.00

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18 AUG 22 AM 7:14  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

SIMMONS  
8/22/18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Second Wind Housing 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:

Allison Lopez  
(Name of Person)

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

3673 Elizabeth Street  
(Address)

Lake Worth Florida 33461  
(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Lopez at (561) 502-0305  
(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  
AUG 22 AM 7:14  
18  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Second Wind Housing LLC

2. The Articles of Organization were filed on 11-21-2016 and assigned

document number L16000212647

3. The delayed effective date the dissolution if not effective on the date of filing: AUGUST 20, 2018  
(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).

This business Never opened, and No business  
was ever Conducted. Registered Agent Allison Lopez  
Lost Family Members and Never proceeded  
into business.

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

Allison Lopez  
3673 Elizabeth Street  
Lake Worth, FLA. 33461

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:

Allison Lopez  
Signature

Allison Lopez  
Printed Name

**FILING FEE: \$25.00**