LICCO21	4651		
(Requestor's Name) (Address) (Address)	100304085601		
(City/State/Zip/Phone #)	10/20/1701018026 ** 25.00		
(Document Number) Certified Copies Certificates of Status	FILED SECRETARY OF STATE TALLAMASSEE FLORIDA		
Special Instructions to Filing Officer:	10/23/17		
Office Use Only			
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COVER LETTER

TO: Registration Section Division of Corporations

Webb Portfolio, 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:

Earl M. Barker, Jr. (Name of Person) Slott, Barker & Nussbaum (Firm/Company) 334 East Duval Street (Address) Jacksonville, FL 32202 (City/State and Zip Code)

For further information concerning this matter, please call:

Earl M. Barker, Jr.

(Name of Person)

353-0033 (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

1. The name of a limited liability company is Webb Portfolio, LLC

2. The Articles of Organization were filed on 11/23/2016 ______ and assigned

document number _____

 The delayed effective date the dissolution if not effective on the date of filing: upon filing (effective date cannot be prior to or more than 90 days later than date document is received for filing)
 <u>Note:</u> 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).

An event that the Operating Agreement states causes dissolution. Fla. Stat. Section 605.0701(1) and

Section 14.02(e) of the Operating Agreement.

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

activities and arrans.				
	3600 Vineland	Road	,	
	Suite 101		17	
	Orlando, FL 32	2811		ן דר
6. Signature of an authorize listed above to wind up the c	d person or if ther company's activiti	e are no members, the signature of the p es and affairs:	person appointed an	
·				O
Danul B /1	11.	Daniel B. Webb		
Signature		Printed Nam	ie	1
	F	ILING FEE: \$25.00		Į

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: Webb Portfolio, LLC

Document number of Limited Liability Company is: L16000214651

Date of dissolution was: _____

Description of information that must be included in a written claim:

The amount and a reasonable description of the claim, accompanied by any document or documents upon which the claim is based or that support its amount.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3600 Vineland Road

Suite 101

Orlando, FL 32811

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.

Daniel B. Webb

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