

L170000076895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

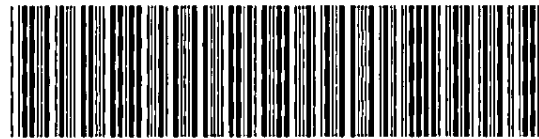
(Business Entity Name)

(Document Number)

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DEC 8 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 539188 7532569

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : December 4, 2020

ORDER TIME : 11:15 AM

ORDER NO. : 539188-005

CUSTOMER NO: 7532569

DOMESTIC FILINGS

NAME: 649 WESTERN LAKE DRIVE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT#

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is
649 Western Lake Drive, LLC


2. The Articles of Organization were filed on April 5, 2017 and assigned
document number L17000076895

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).
The sole member of LLC chooses to voluntarily dissolve entity.

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

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:


Signature

Jason L. Comer
Printed Name

FILING FEE: \$25.00

2020 DEC - 7 AM 9:59

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