

**L1700002817** H230004389733  
 Florida Department  
 Division of Corporations  
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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : QUARLES & BRADY LLP  
 Account Number : I20000000067  
 Phone : (239)434-4922  
 Fax Number : (239)213-5452

RECEIVED

2023 DEC 27 AM 11:30

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL  
 LLAF, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 DEC 27 AM 11:56

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 DEC 28 2023  
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#230004389733

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LLAFL 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:

Pamela Lundborg, Esq.

(Name of Person)

Quarles and Brady LLP

(Firm/Company)

1395 Panther Lane Suite 300

(Address)

Naples, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Lundborg

(Name of Person)

617

967-7402

at (

(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

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**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: LLAF, LLC

Document number of Limited Liability Company is: L17000102817

Date of dissolution was: December 27, 2023

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

The legal name of the claimant, the claimant's address and other contact information, the nature of the claim,  
the date the claim occurred, and the amount of the claim.

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

919 Shady Vale

Bryson City, NC 28713

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.

Patrick Murphy, sole member and manager

Printed Name of the Person Filing

Patrick Murphy  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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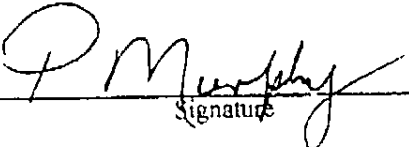
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
LLAF, LLC
2. The Articles of Organization were filed on 05/05/2017 and assigned  
document number L17000102817
3. The delayed effective date the dissolution if not effective on the date of filing: Dec. 27, 2023  
(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 dissolution of the company was approved by a vote of the sole member and manager of the company.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

Patrick Murphy, sole member and manager  
Printed Name

FILING FEE: \$25.00

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