# 11700025276T

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

4680 ORCHARD LANE 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:

MATTHEW KELLY	
(Name of Person)	
	± 18
(Firm/Company)	
631 US HIGHWAY 1, SUITE 403	19 19 1ASSE
(Address)	
NORTH PALM BEACH, FL 33408	
(City/State and Zip Code)	——————————————————————————————————————

For further information concerning this matter, please call:

SUEANNU RICKAYAS at (56)
(Name of Person) (Area

(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 com	pany is	
4680 ORCHARD LANE LLC		·
2. The Articles of Organization were t	filed on 12/11/2017	and assigned
document number L17000252767	<del></del>	
	not be prior to or more than 90 days later than c does not meet the applicable statutory fi	date document is received for filing)
4. A description of occurrence that res 605.0707, Florida Statutes, (copy 60	sulted in the limited liability company 05.0707 on back cover letter).	y's dissolution pursuant to section
THE PROPERTY WAS SOLD 10/12/2	,	18
		AHAS
		m c
		PN 6: 38
5. If there are no members, enter the n activities and affairs:	ame and address of the person appoir	nted to wind up the company's
<del></del>		
6. Signature of an authorized person o listed above to wind up the company's	r if there are no members, the signatu	are of the person appointed and
1 Antonilla		
N py mino	MATTHEW KELLY	
Signature		inted Name
/	FILING FEE: \$25.00	