

L180000 83658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

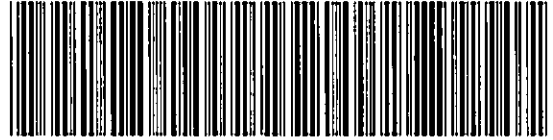
(Business Entity Name)

(Document Number)

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2020 APR -3 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING

APR 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMELIA ISLAND HOME BUILDERS, 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:

P. ALDEN HOWELL

(Name of Person)

AMELIA ISLAND HOME BUILDERS, LLC

(Firm/Company)

1341 AVONDDALE AVENUE

(Address)

JACKSONVILLE, FL 32205

(City/State and Zip Code)

For further information concerning this matter, please call:

P. ALDEN HOWELL

(Name of Person)

904

874-6123

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

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

1. The name of a limited liability company is
AMELIA ISLAND HOME BUILDERS, LLC

2. The Articles of Organization were filed on 04/05/2018 and assigned
document number L18000083658

3. The delayed effective date the dissolution if not effective on the date of filing: 03/12/2020
(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).

COMPANY HAS NO MORE BUSINESS TRANSACTIONS. VOLUNTARY DISSOLUTION.

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

1341 AVONDALE AVENUE

JACKSONVILLE, FL 32205

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

P. ALDEN HOWELL

Printed Name

FILING FEE: \$25.00

2020 APR -3 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA