

L1800009694Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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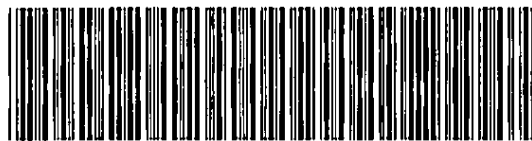
(Business Entity Name)

(Document Number)

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2021  
APR 14 PM 4:02  
STATE  
OFFICE, FL

JUN 1 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AUSTIN PHILANTHROPIES, 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:

WILLIAM C. AUSTIN

(Name of Person)

AUSTIN PHILANTHROPIES, LLC

(Firm/Company)

5161 FLICKER FIELD CIRCLE

(Address)

SARASOTA, FL 34231

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM C. AUSTIN

(Name of Person)

at ( 781 ) 250-9990

(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

AUSTIN PHILANTHROPIES, LLC

2. The Articles of Organization were filed on 4/17/2018 and assigned

document number L8000096942

3. The delayed effective date the dissolution is not effective on the date of filing: 1/20  
(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).

This is a sole proprietorship, and I retired on January 31, 2020. No paid activities were undertaken after this date and no remuneration was received.

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

WILLIAM C. AUSTIN  
5161 FLYCHER FIELD CIRCLE  
SARASOTA, FL 34231

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:

Wm. C. Austin  
Signature

WILLIAM C. AUSTIN  
Printed Name

FILING FEE: \$25.00