

LS000284267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

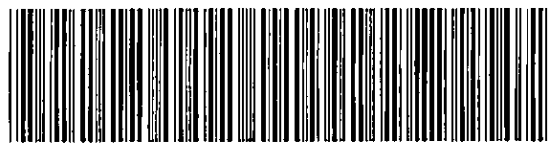
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
J. HORNE  
DEC 27 2022

Office Use Only



700399346107

2022 DEC 22 AM 8:58  
SECRETARY OF  
STATE

2022 DEC 22 PM 2:03

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 12/22/2022

Acc#120160000072

*W: C D W*

Name:	2907 Scenic Hwy 98, LLC
Document #:	
Order #:	14692735

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2022 DEC 22 AM 9:00  
STATE OF FLORIDA  
DEPARTMENT OF STATE

1. The name of a limited liability company is

2709 Scenic Hwy 98, LLC

2. The Articles of Organization were filed on 12/11/2018 and assigned

document number L18000284267

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).

Written consent of the sole member of the LLC.

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

Cliff A. Nance

3955 Anton Road

Madisonville, KY 42431

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

Cliff A. Nance

Printed Name

FILING FEE: \$25.00