LP000045142

(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:				





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SLORE AND OF STATE TALLARIDASSEE, FLORIDA

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COVER LETTER

TO:	TO: Registration Section Division of Corporations					
4707 GARDEN LLC SUBJECT:						
(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:						
	John Pritchard					
(Name of Person)						
	4707 GARDEN LLC					
	(Firm/Company)					
	4707 GARDEN AVE					
		Address)				
WEST PALM BEACH FLORIDA 33405						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
JOHN PRITCHARD		917 664 6275				
	(Name of Person)	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		Street Address: Registration Section Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lial	bility company is			···
2. The Articles of Organizat	tion were filed on $\frac{02/21/2015}{1}$	<u> </u>	_ and assigned	
document number 1.19000	0045142	-		
Note: If the date inserted i	c the dissolution if not effec- ive date cannot be prior to or more in this block does not meet the fective date on the Department	than 90 days later than date applicable statutory filing	document is received for f	iling) will not be
4. A description of occurren 605,0707, Florida Statutes	ice that resulted in the limites, (copy 605,0707 on back co	d liability company's di over letter).	ssolution pursuant to	section
WE ARE NO LONGER IN	BUSINESS.		3 7, 1	-
WE ARE NO LONGER IN	BUSINESS.			75 FF
WE ARE NO LONGER IN I	BUSINESS.			FILE
			r- ιΩ	2: 2:
5. If there are no members, of activities and affairs:	enter the name and address of JOHN PRITCHARD	of the person appointed		<u></u>
	4707 GARDEN AVE			
	WEST PALM BEACH F	L 33405		
6. Signature of an authorized above to wind up the comparation	d person or if there are no m ny's activities and affairs:	embers, the signature of	f the person appointed	 I and listed
21	_	JOHN PRITCHARD		
Signature		Printed	i Name	

FILING FEE: \$25.00

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: 4707 GARDEN LLC	
Document number of Limited Liability Company is:	(XX)45142
Date of dissolution was:	
Description of information that must be included in a writ	ten claim:
Mailing address where claims can be sent: (Claims canno	t be sent to the Division of Corporations)
4707 GARDEN AVE WEST PALM BEACH FLORI	DA 33405
A 1 1 2 2 3 4 4 4 5 5 5 5 6 5 6 7 5 6 5 6 7 5 6 6 7 5 6 7 6 7	will be beauth unless a second in the enforce the
A claim against the above named limited liability compar claim is commenced within 4 years after the filing of this	
JOHN PRITCHARD	D 1 .
Printed Name of the Person Filing	Signature of the Person Filing

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