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-	(Requestor's Name)		
<u> </u>	(Address)		
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(Document Number)			
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COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: EVERGREEN RESIDENT (Name of Limited I	Community Center LLC		
(Name of Limited I	Claumity Company)		
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.		
Please return all correspondence concerning this matter to the	following:		
	Thy Flancery of Passon)		
EVERGEEN RESIDENT COMMUNITY CENTER LLC			
4851 SW BIMINI CIRCLE N, (Address)			
PAIM City, FZ, 34990 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Tim FLANNERY (Name of Person)	_at (317) 503-3570 (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:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314	Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is EVERGRAN RESIDENT COMMUNICATION	Ly Contex of
2. The Articles of Organization were filed on 2200 July, 2	1.
document number <u>L 1900018779</u> 2	JUNE 1,2020
3. The delayed effective date the dissolution if not effective on the da (effective date cannot be prior to or more than 90 days la Note: If the date inserted in this block does not meet the applicable stat listed as the document's effective date on the Department of State's reco	ate of filing: DATE OF FILING uter than date document is received for filing) utory filing requirements, this date will not be
4. A description of occurrence that resulted in the limited liability cor 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	mpany's dissolution pursuant to section
LLE WAS FORMED to OPERATE GO	LF COURSE CLUB house
SHOULD GOLF COURSE A CLOSED. THE	GOLF COURSE WAS SOLO
IN FAM of 2019 AND THERESORE T	THE PURPOSE FOR which the
LLC WAS former NEVER MATERIALIZ	ED.
5. If there are no members, enter the name and address of the person	appointed to wind up the company's
activities and affairs: Timothy Flames	24
4851 Sw BIMIN	1
PA/m City FL	34990
6. Signature of an authorized person or if there are no members, the s above to wind up the company's activities and affairs:	ignature of the person appointed and listed
Musik Hannand! Ti	moth Flance
Signature //	Printed Name

FILING FEE: \$25.00