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## **COVER LETTER**

Registration Section Division of Corporations

TO:

OF SUBJECT:	ORCHID TERRACE DEVELOPEMENT LLC						
(Name of Limited Liability Company)							
The enclosed Ai	ticles of Dissolution and fee(s) are submi	tted for filing.					
Please return all	correspondence concerning this matter to	the following:					
	JD ALEXANDER						
	(Na	me of Person)					
	ORCHID TERRACE DEVELOPEMEN	TLLC					
	(Firm/Company)						
	212 E STUART AVE						
		(Address)					
	LAKE WALES, FL 33853						
	(City/St	ate and Zip Code)					
For further infor	mation concerning this matter, please call	:					
PATRI	CIA HUDSON	863 224-7099 at ()					
	(Name of Person)	at ()					
Enclosed is a chec	k 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					
	3ox 6327	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 liabi ORCHID TERRACE DEVEL								
2.	The Articles of Organization	n were filed on SEPTEMBE	ER 12, 2019	_ and assigned					
	document number L190002	23582							
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 605,0707, Florida Statutes.	that resulted in the limited copy 605.0707 on back cov	liability company's d	issolution pursuant	to section				
	The purpose of Orchid Terrace	Developement LLC has been	completed.	T.V.L.	2024 M	TI.			
			_	<u></u>		:== :===			
				<u>, , , , , , , , , , , , , , , , , , , </u>	PH 4: 0				
	If there are no members, en activities and affairs:	ter the name and address of JD Alexander	the person appointed	to wind up the com	· ~ · ~				
		212 E Stuart Ave							
		Lake Wales, Fl 333853							
6. ab	Signature of an authorized pove to wind up the company	person or if there are no me 's activities and affairs:	mbers, the signature o	f the person appoin	<del></del> ted and listed				
	Marine Signature		ID Alexander	d Name					

**FILING FEE: \$25.00**