

L20000310933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

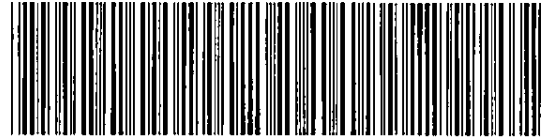
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
MAY - 6 2024

Office Use Only



100428433661

FILED  
2024 MAY -3 PM 12:26  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 MAY -3 PM 2:05  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 05/03/2024**

**NAME: SOUTH OAK TITLE SRB, LLC**

**TYPE OF FILING: DISSOLUTION**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTH OAK TITLE SRB, 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:

Robert McNeamey

\_\_\_\_\_  
(Name of Person)

South Oak Title Emerald Coast, LLC

\_\_\_\_\_  
(Firm/Company)

13800 Panama City Beach Parkway, Suite 117

\_\_\_\_\_  
(Address)

Panama City Beach, FL 32407

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Long

\_\_\_\_\_  
(Name of Person)

205

821-5245

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  
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**

FILED  
2024 MAY -3 PM 12:27  
SECRETARY OF STATE  
FLORIDA

1. The name of a limited liability company is  
SOUTH OAK TITLE SRB, LLC

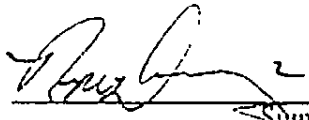
2. The Articles of Organization were filed on October 1, 2020 and assigned  
document number L20000310933

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).  
Consent of the majority of the members in accordance with the Company's operating agreement.

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

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

Robert McNearney  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

## **Notice of Limited Liability Company Dissolution**

This notice is submitted by SOUTH OAK TITLE SRB, LLC, a Florida limited liability company, for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, Florida Statutes.

Name of Limited Liability Company: SOUTH OAK TITLE SRB, LLC

Document number of Limited Liability Company is: L20000310933

Date of dissolution will be the date that the Articles of Dissolution are filed with the Florida Department of State.

Description of information that must be included in a claim:

1. The name and address of the claimant.
2. The date the claim arose.
3. The nature of the claim.
4. The amount of claim.
5. Copies of any and all documents or instruments evidencing or memorializing claim.
6. The claimant(s)' United States social security number, federal identification number or appropriate taxpayer identification number.
7. Each claim must be submitted separately.

Mailing address where claims can be sent:


South Oak Title Emerald Coast, LLC  
Attn: Robert McNearney  
13800 Panama City Beach Parkway, Suite 117  
Panama City Beach, FL 32407


A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.


***[Signature Page Follows]***

SOUTH OAK TITLE SRB, LLC,  
a Florida limited liability company

By: South Oak Title Emerald Coast, LLC  
Its: Manager

By:   
Name: Chuck Tucker  
Title: Member

By:   
Name: Robert McNeamey  
Title: Member

By:   
Name: Marcus Hunt  
Title: Member

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Division of Corporations

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\_\_\_\_\_  
(Name of Limited Liability Company)

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Robert McNearney

\_\_\_\_\_  
(Name of Person)

South Oak Title Emerald Coast, LLC

\_\_\_\_\_  
(Firm/Company)

13800 Panama City Beach Parkway, Suite 117

\_\_\_\_\_  
(Address)

Panama City Beach, FL 32407

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