

L21000023758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

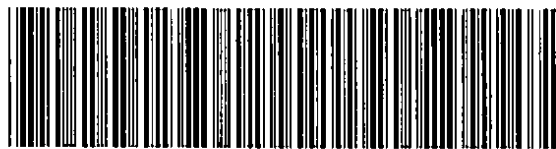
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2023 AUG 28 AM 10:03

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG 28 PM 3:16

CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 959314 8113042
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : August 28, 2023
ORDER TIME : 2:22 PM
ORDER NO. : 959314-005
CUSTOMER NO: 8113042

DOMESTIC FILINGS

NAME: SOUTHPOINT OWNER LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

EXAMINER'S INITIALS: _____

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED

2023 AUG 28 AM 10: 03

**DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is
Southpoint Owner LLC

2. The Articles of Organization were filed on January 26, 2021 and assigned
document number L21000023758

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).

The member has decided to dissolve the limited liability company

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:

Craig Clark

Signature

Craig Clark, Authorized Person

Printed Name

FILING FEE: \$25.00