## K21 000 208517

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: The WOOLS CASTLE REM	al astate lic			
(Name of Limited i	Liaotity Company)			
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.			
Please return all correspondence concerning this matter to the	following:			
Susan	n(d			
(Name of Person)				
(Firm/Company)				
7437 Meldin Ct.				
(Address)				
1 hanles, FL 34104				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
John Lord	ar (609, 412-0345)			
(Name of Person)	(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	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 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

ŧ.	The name of a limited liability company is
	The Lord's Castle Leal Estatog LLC
2.	The Articles of Organization were filed on $\frac{05/04/2021}{2021}$ and assigned
	document number $\angle -21000208517$
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).
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Э.	If there are no members, enter the name and address of the person appointed to wind up the employ's
	activities and affairs:
	7437 MelDIN a.
	Naples, PL 34101
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	with the wind
	T SPRIABLES Printed Name

FILING FEE: \$25.00