

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES
Account Number : 120120000042
Phone : (941)685-0955
Fax Number : (866)473-0571

LLC DISSOLUTION OR WITHDRAWAL
SOLID OAK LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 MAY -6 PM 1:08

Electronic Filing Menu

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FILED
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MAY -9 2022
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLID OAK 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:

ERIC DEFOREST

(Name of Person)

SOLID OAK LLC

(Firm/Company)

8523 RAIN LILY XING

(Address)

PARRISH, FL 34219

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN O'CONNOR

(Name of Person)

941

685-0955

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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

SOLID OAK LLC

2. The Articles of Organization were filed on 05/07/2021 and assigned

document number L21000213721

3. The delayed effective date the dissolution if not effective on the date of filing: MAY 31, 2022
(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).

Moved out of state

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

ERIC DEFOREST

Printed Name

FILING FEE: \$25.00

FILED
2022 MAY -6 PM 3:00
STATE OF FLORIDA
TALLAHASSEE