Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250000057613)))



H250000057613ABC-

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Electric Filing Menu

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL CURLEY'S FISH CAMP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

四州山山

Corporate Filing Menu

Help

[17]

To:

(((H25000005761 3)))

Fax. +18506176383

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili	ty company is					
	CURLEY'S FISH CAMP, LLC	2					
2.	The Articles of Organization document number	were filed on December 14, 20	21	and assigned		 -	
	document number						
3.	(effective Note: If the date inserted in the	te dissolution if not effective on date cannot be prior to or more than 90 his block does not meet the applica- ive date on the Department of Stat) days later than de ble statutory fili	ate document is receive	ed for fi s date v	ling) vill not be	
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liabi copy 605.0707 on back cover le	lity company's tter).	dissolution pursua	ant to s	section	
	Consent of the Members and Managers.						
5.	If there are no members, ent	er the name and address of the p	person appointe	ed to wind up the c	ompai	ny's	
	activities and attains.			·	-	1025	
		4068 Lower Union Road		_,,		025 JAH -	
		Orlando, FL 32814			-	<u>்</u>	
6. ab	Signature of an authorized pove to wind up the company'	erson or if there are no member s activities and affairs:	s, the signature	of the person app	ointed	and Jisted	
	////) C Thom	ias P. Page				
	Signature			nted Name			

FILING FEE: \$25.00

To:

Name of Limited Liability Company: ______CURLEY'S FISH CAMP, LLC

Document number of Limited Liability Company is: L21000525115

Printed Name of the Person Filing

(((H25000005761 3)))

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Date of disso	olution was:					
Description of information that must be included in a written claim:						
Name of Clai	Name of Claimant:					
Address of Cl	aimant:					
Amount of Cl	aim:					
Basis of Clair	n:					
J	ess where claims can be sent: (Claims cannot be sent to the Division of Corporations) Lower Union Road					
Orla:	ndo, FL 32814					
	nst the above named limited liability company will be barred unless a proceeding to enforce the menced within 4 years after the filing of this notice.					
Thomas P. Pa	ge /					