

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)346-5702
Fax Number : (904)396-0663

**LLC DISSOLUTION OR WITHDRAWAL
AMERICAN LOG HOMES, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
OF
AMERICAN LOG HOMES, LLC**

Pursuant to Section 605.0707, Florida Statutes, **AMERICAN LOG HOMES, LLC**, a Florida limited liability company (the "Company"), submits the following Articles of Dissolution:

**ARTICLE I
NAME**

The name of the Company is: **AMERICAN LOG HOMES, LLC**.

**ARTICLE II
ADOPTION OF DISSOLUTION**

The occurrence that resulted in the Company's dissolution was the requisite written consent of all the members of the Company in accordance with Section 605.0701(2), Florida Statutes.

**ARTICLE III
EFFECTIVE DATE**

The effective date of the dissolution will be on the date on which these Articles of Dissolution are filed by the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused these Articles of Dissolution to be executed on April 15, 2024.

DocuSigned by:
By: Wayne Cissell
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Spencer Wayne Cissell, Member

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**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION
OF
AMERICAN LOG HOMES, LLC**

This Notice of Limited Liability Company Dissolution is submitted by **AMERICAN LOG HOMES, LLC**, a dissolved Florida limited liability company (the "Company"). for resolution of payment of unknown claims against this Company as provided in Section 605.0712, Florida Statutes. Persons who have claims against the Company which are not known to the Company are requested to present them in accordance with this Notice.

1. Name of Limited Liability Company: **AMERICAN LOG HOMES, LLC.**
2. Date of Dissolution will be the date the dissolution is filed by the Secretary of State of the State of Florida.
3. Description of information that must be included in a claim:
 - a. Name, address and phone number of the claimant;
 - b. The amount of the claim;
 - c. The date the claim arose; and
 - d. A description of the nature of the claim in sufficient detail so as to enable the Company to evaluate the merits of such claim.
4. Claims made pursuant to this Notice of Limited Liability Company Dissolution must be in writing.
5. Mailing address where claims can be sent:

3366 Fairbanks Road
Jacksonville, Florida 32223
6. A claim against the above named limited liability company will be barred unless an action to enforce the claim is commenced within four (4) years after the filing of this Notice of Limited Liability Company Dissolution.

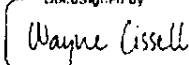
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IN WITNESS WHEREOF, this Notice of Limited Liability Company Dissolution has been executed on behalf of the Company by the undersigned.

By: 
 DocuSigned by:
EEC86ED775984BC
 Spencer Wayne Cissell, Member

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