

L19000229733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

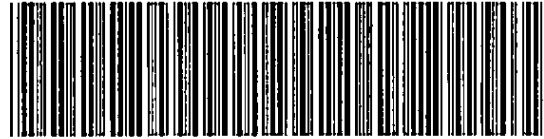
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 JUL 01 PM 3:41

STATE OF FLORIDA
TALLAHASSEE, FL
2022 JUL - 1 PM 3:41

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 200 S. MYRTLE, 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:

Daniel Lewis
(Name of Person)

Law Office of Daniel R. Lewis
(Firm/Company)

208 Sanford Ave
(Address)

Sanford, FL 32771
(City/State and Zip Code)

STATE OF FLORIDA
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Daniel Lewis at (386) 237-5408
(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
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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

200 S. MYRTLE, LLC

2. The Articles of Organization were filed on 09/11/2019 and assigned

document number L19000229733

3. The delayed effective date the dissolution if not effective on the date of filing: ~~APRIL 25, 2022~~ ^{N/A} N/A
(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).

PURPOSE OF LLC HAS BEEN COMPLETED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Dan St. Pierre

200 S. MYRTLE AVE

SAVINGRD FL 32771

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

Daniel St. Pierre

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FL
STATE

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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.

Name of Limited Liability Company: 200 S. MYRTLE, LLC

Document number of Limited Liability Company is: L19000229733

Date of dissolution was: APRIL 25, 2022

Description of information that must be included in a written claim:

· NAME OF INDIVIDUAL

· NATURE OF CLAIM

· TIME, DATE, AND LOCATION OF CLAIM/INCIDENT/CAUSE

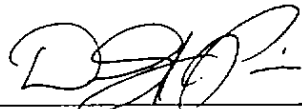
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

200 S. MYRTLE AVE

SAWFWOOD, FL 32771

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Daniel St. Pierre
Printed Name of the Person Filing


Signature of the Person Filing

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TALLAHASSEE, FL
DIVISION OF STATE

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