

L24 000121948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

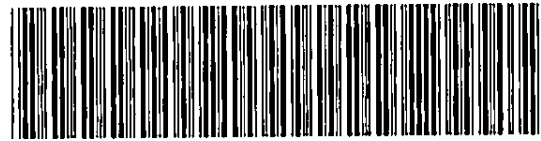
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRET  
MAY 17 2024  
FBI 9:06

2024 MAY 17 PM 3:08  
SECRETARY OF STATE  
FALL APPELLATE RECORDS

RECEIVED

R. HUNT  
05/17/24

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 5/17/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1257516

**ORDER ENTITY**

10 TRAE LANE, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

10 TRAE LANE, LLC ( FL )

File the attached dissolution document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 10 Trae Lane, 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:

Marsha King  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

11 Stone Bluff Ct  
(Address)

Orchard Park, NY 14127  
(City/State and Zip Code)

FILED  
17 JUN 9:06

For further information concerning this matter, please call:

Marsha King at (703) 795-1624  
(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

10 Trae Lane, LLC

2. The Articles of Organization were filed on March 18, 2024 and assigned

document number L24000121448

3. The delayed effective date the dissolution if not effective on the date of filing: May 17, 2024  
(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).

A dissolution will occur if the inteded property  
has not been closed, according to the  
operating agreement.

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

No other members were appointed.  
The correct person is:  
Marsha King at 11 Stone Bluff Ct.  
Orchard Park, NY 14127

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:

Marsha King  
Signature

Marsha King  
Printed Name

FILING FEE: \$25.00

F11 9:06