

M170000 10737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

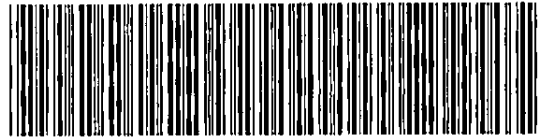
(Business Entity Name)

(Document Number)

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

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2023 MAR 16 PM 4:46  
STATE OF FLORIDA  
TALLAHASSEE, FL

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LAW OFFICES OF  
**NICHOLAS W. MULICK**  
A PROFESSIONAL ASSOCIATION

91645 Overseas Highway  
Tavernier, Florida 33070

Tel (305) 852-9292  
Fax (305) 852-8880

March 1, 2023

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: 158 Sapodilla Drive LLC; Document Number M17000010737  
Articles of Dissolution for a Limited Liability Company

Dear Sir or Madam:

Enclosed are the Articles of Dissolution for Limited Liability Company for 158 Sapodilla Drive LLC, executed by Karen Quirch, as Manager, and check number 4501 in the amount of \$25.00 payable to Florida Department of State, representing the filing fee.

Also enclosed is a self-addressed, postage pre-paid return envelope for your use in returning the Letter of Acknowledgment and Certificate of Dissolution.

If you have any questions or require additional information, please contact Treva Fitzgerald in this office at (305) 852-9292.

Very truly yours,

NICHOLAS W. MULICK, PA

By: 

NM/lf

cc: Karen Quirch - via electronic mail

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 158 Sapodilla Drive LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas W. Mulick, Esq.

\_\_\_\_\_  
(Name of Person)

Nicholas W. Mulick, PA

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

91645 Overseas Hwy

\_\_\_\_\_  
(Address)

Tavernier, Florida 33070

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas W. Mulick, Esq.

\_\_\_\_\_  
(Name of Person)

305 852-9292

at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2023

LAW OFFICE OF NICHOLAS W. MULICK  
91645 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070

SUBJECT: 158 SAPODILLA DRIVE LLC  
Ref. Number: M17000010737

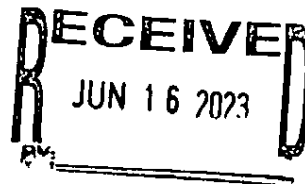
We have received your document for 158 SAPODILLA DRIVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 423A00011066



## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

158 Sapodilla Drive LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

December 19, 2017

\_\_\_\_\_  
(Date registered with Florida Department of State)

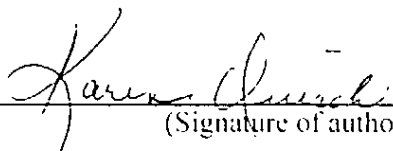
M17000010737

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.

  
\_\_\_\_\_  
(Signature of authorized representative)

Karen Quirch

\_\_\_\_\_  
(Typed or printed name of signer)

2023 JUN 16 PM 4:46  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

FILED

Filing Fee: \$25.00