

L14000064898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000315783880

07/17/18--01008--011 \*\*25.00

RECEIVED

JUL 16 2018

FILED  
18 JUL 16 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CO SIGNATURES

JUL 17 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1831 Atlantic Place 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:

Sally M. Campbell

(Name of Person)

(Firm/Company)

202 Main St.

(Address)

New Canaan, CT 06840

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim M. Campbell

(Name of Person)

at ( 917 ) 860-1056

(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

1831 Atlantic Place LLC

2. The Articles of Organization were filed on 4/21/14 and assigned

document number L14000064898

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).

The property to be owned by the LLC was sold.

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

FILED  
18 JUL 16 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

Sally M. Campbell  
Signature

Sally M. Campbell  
Printed Name

**FILING FEE: \$25.00**