

L18 0000 11188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

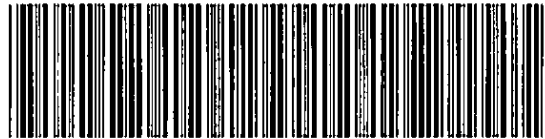
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200363418632

04/06/21--01017--022 \*\*25.00

FILED

2021 APR -6 PM 5:25

CLERK OF COURT  
JANUARY 1, 1900

CUS  
AMT DIS

JUN 07 2021

! ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1020AK 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:

Arielle Abramowitz  
(Name of Person)

1020AK LLC  
(Firm/Company)

6300 Stevenson Ave #1008  
(Address)

Alexandria VA 22304  
(City/State and Zip Code)

For further information concerning this matter, please call:

Arielle Abramowitz at ( 732 ) 763 0306  
(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

FILED  
2021 APR -6 PM 5:25  
HALL COUNTY CLERK  
TALLAHASSEE, FL

1. The name of a limited liability company is

1020AK LLC

2. The Articles of Organization were filed on

1/11/2018

and assigned

document number

L18000011188

3. The delayed effective date the dissolution if not effective on the date of filing: May 1<sup>st</sup> 2021  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

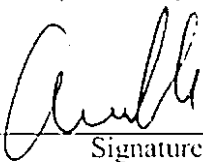
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Closing business + moving to another state

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

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

Arielle Abramovitz  
Printed Name

FILING FEE: \$25.00