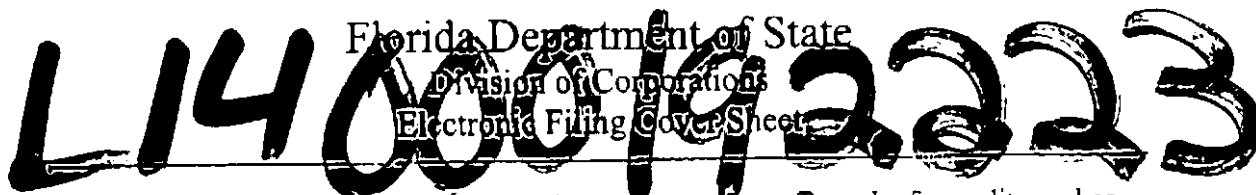


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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CUMMINGS & LOCKWOOD, LLC
Account Number : 102336001100
Phone : (239)649-3101
Fax Number : (239)430-3344

LLC DISSOLUTION OR WITHDRAWAL
6958 GREENTREE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 JAN 31 PM 4:37

22 JAN 31 AM 8:39

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX
FEB 01 2022

(((H22000040149 3)))

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** 6958 GREENTREE 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:

Bonie S. Montalvo

(Name of Person)

Cummings & Lockwood LLC

(Firm/Company)

8000 Health Center Blvd, Suite 300

(Address)

Bonita Springs, FL 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

Bonie Montalvo

(Name of Person)

239

390-8061

at (_____) _____

(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

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(((H22000040149 3)))

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

1. The name of a limited liability company is
6958 GREENTREE LLC

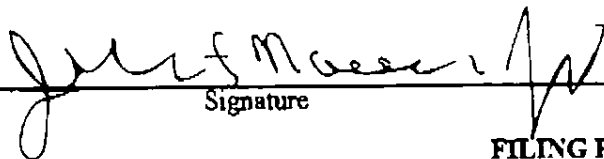
2. The Articles of Organization were filed on 12/17/2014 and assigned
document number L14000192223

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).
All of the Members of the LLC have authorized the dissolution of the LLC.

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

JOHN F. MANIERRE, JR.

Printed Name

FILING FEE: \$25.00

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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: 6958 GREENTREE LLC

Document number of Limited Liability Company is: L14000192223

Date of dissolution was: _____

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

All claims presented must identify (1) the name and address of the claimant; (2) the amount and nature of the claim;

(3) the basis for the claim; (4) the date on which the claim arose; (5) copies of any pertinent documents(s); and

(6) all other information material to the claim.

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

Cummings & Lockwood LLC

8000 Health Center Blvd, Suite 300

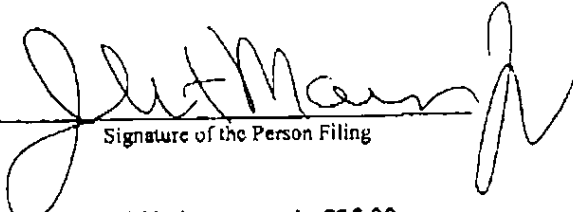
Bonita Springs, FL 34135

Attention: Mary Beth Crawford

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.

JOHN F. MANIERRE, JR.

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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