

L18000242716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

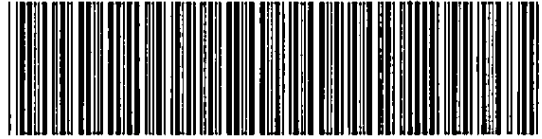
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
FEB 17 2022

Office Use Only



200381068682

02/07/22--01029--005 **25.00

FILED
2022 FEB -7 AM 11:03
STATE OF MISSISSIPPI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11155 NW 80th 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:

Michael Pollard
(Name of Person)
(Firm/Company)
8725 Watercrest Circle East
(Address)
Parkland FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Pollard at (516) 835-5666
(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

2022 FEB -7 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

11155 NW 82nd Place, LLC

2. The Articles of Organization were filed on 10/15/2018 and assigned

document number L18000242716

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021
(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).

No further business to be conducted by this entity.

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:

Michael Belland

Signature

Michael Belland

Printed Name

FILING FEE: \$25.00