

121 000134593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

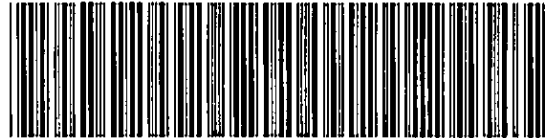
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

APR 13 2022

Office Use Only



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03/28/22--01019--003 \*\*25.00

FILED  
2022 MAR 28 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 766 BEARD AVENUE SEBASTIAN, 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:

JENNIFER D. PESHKE, ESQ.

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

Law Offices of Jennifer D. Peshke, P.A.

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

4727 North Highway A1A

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

Vero Beach, FL 32963

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

For further information concerning this matter, please call:

MICHELLE RICHARDS, Paralegal

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

772

231-1233

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

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

**FILED**

**2022 MAR 28 AM 9:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
766 BEARD AVENUE SEBASTIAN, LLC

2. The Articles of Organization were filed on MARCH 22, 2021 and assigned  
document number L21000134593

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 limited liability company is hereby dissolved by consent of all the members.

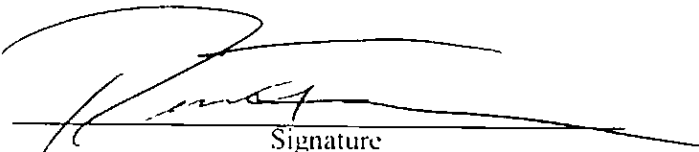
The limited liability company is hereby dissolved by consent of all the members.

The limited liability company is hereby dissolved by consent of all the members.

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

RONALD TRAHAN

Printed Name

**FILING FEE: \$25.00**

## 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: 766 BEARD AVENUE SEBASTIAN, LLC

Document number of Limited Liability Company is: L21000134593

Date of dissolution was: \_\_\_\_\_

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

The Basis for the claim, name and address of the claimant, amount of the claim, whether the claim is contingent or unliquidated, and whether the claim is secured.

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

JENNIFER D. PESHKE, ESQ.

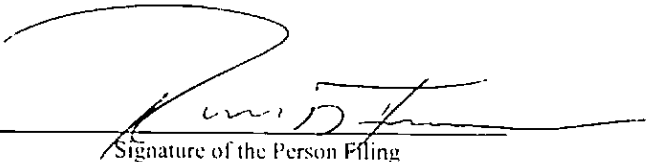
4727 N. Highway A1A

Vero Beach, FL 32963

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.

RONALD TRAHAN

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**