

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L14000192509

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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
SHARON M. BRADY & ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 JUL 22 AM 10:50

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AND
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JUL 22 2022

K. Brumley

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

1. The name of a limited liability company is
SHARON M. BRADY & ASSOCIATES, LLC
2. The Articles of Organization were filed on 12/17/2014 and assigned
document number L14000192509
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 sole member of the LLC has authorized the dissolution.

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

Bonic Montalvo, Authorized Person
Printed Name

FILING FEE: \$25.00

2022 JUL 22 AM 10:56

ARTICLES
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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: SHARON M. BRADY & ASSOCIATES, LLC

Document number of Limited Liability Company is: L14000192509

Date of dissolution was: 7/21/2022

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

All claims 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 document(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

Attn: Bonie Montalvo

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.

Bonie Montalvo, Authorized Person

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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