

L19000229733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

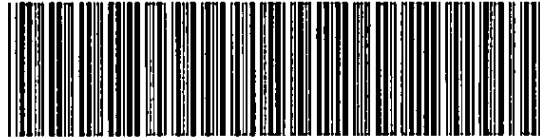
(Business Entity Name)

(Document Number)

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

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*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 200 S. MYRTLE 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:

Daniel Lewis  
(Name of Person)

Law Office of Daniel R. Lewis  
(Firm/Company)

208 Sanford Ave  
(Address)

Sanford, FL 32771  
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Lewis at (386) 237-5408  
(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

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

1. The name of a limited liability company is

200 S. MYRTLE, LLC

2. The Articles of Organization were filed on 09/11/2019 and assigned

document number L19000229733

3. The delayed effective date the dissolution if not effective on the date of filing: N/A ~~APR 25, 2022~~ N/A  
(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).

PURPOSE OF LLC HAS BEEN COMPLETED

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

200 S. MYRTLE AVE

SAVING FL 32771

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

Daniel St. Pierre

Printed Name

FILING FEE: \$25.00

FILED

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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: 200 S. MYRTLE, LLC

Document number of Limited Liability Company is: L19000229733

Date of dissolution was: APRIL 25, 2022

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

NAME OF INDIVIDUAL  
NATURE OF CLAIM  
TIME, DATE, AND LOCATION OF CLAIM/INCIDENT/CAUSE

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

200 S. MYRTLE AVE  
SAWFWOOD, FL 32771

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.

Daniel St. Pierre

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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

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