

L20000072259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

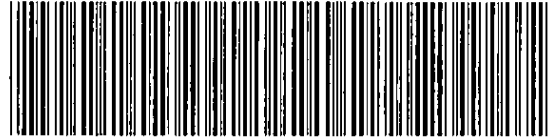
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE

VD

06/29/23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2023

THE SCOTTSDALE COMPANY
4850 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103

SUBJECT: 1601 GSBN 3, LLC
Ref. Number: L20000072259

We have received your document for 1601 GSBN 3, LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

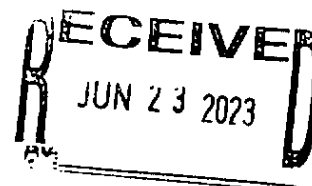
A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 123A00013183





FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2023

THE SCOTTSDALE COMPANY
4850 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103

SUBJECT: 1601 GSBN 3, LLC
Ref. Number: L20000072259

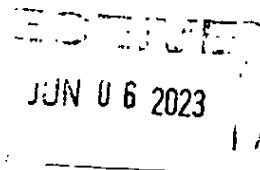
We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 023A00009744



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1101 CROWN 3, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THE LUTGERT COMPANIES
650 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Crowley at (239) 261-6100
(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**

1. The name of a limited liability company is

11601 ASBN 3, LLC

2. The Articles of Organization were filed on 3/9/20 and assigned

document number L20000072259

3. The delayed effective date the dissolution if not effective on the date of filing: 4.1.23
(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).

Company closed, no longer in use.

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:

 CFO
Signature

David Crowley
Printed Name

FILING FEE: \$25.00

2023 JUN 23 PM 1:31
STATE OF FLORIDA
TALLAHASSEE, FL 32301

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