L02000012107

| (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: |
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| |

Office Use Only



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COVER LETTER

| Division of Corporations | |
|--|--------|
| SUBJECT: Hide Away Beach Rental LLC (Name of Limited Liability Company) | |
| / (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: | |
| Wy / tell E //// JR (Name of Person) | |
| | |
| | |
| (Firm/Company) | |
| 1423 SE COUNTY ROAD 760A | |
| ARCADIA F1 34266 | |
| (City/State and Zip Code) | |
| | |
| For further information concerning this matter, please call: | |
| Wulter Earl Hill The at (863) 990-5/9/27 (Name of Person) (Area Code & Daytime Telephone Number) = 100 | 11 era |
| Enclosed is a check for the following amount: | |
| 7 | |
| \$25.00 Filing Fee and Certificate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | |
| | |

Mailing Address:

TO:

Registration Section

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 |
|----------|--|
| | Hide Away Beach Kensul LLC |
| 2. | The Articles of Organization were filed on $05/15/2002$ and assigned |
| | document number <u>L020000 12107</u> |
| 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). |
| | 50/1) CONDO ON 09/30/2021 38 8 |
| | |
| | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the compane |
| | activities and affairs: |
| | Walter & Hill JR |
| | 1423 SE County Road 760A |
| | ARCADIA F134266 |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: |
| 1 | get & thele walter & Hill TR |
| _ | Signafure 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: Document number of Limited Liability Company is:____ Date of dissolution was: Description of information that must be included in a written claim: e articles Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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

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.