

L02000024897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

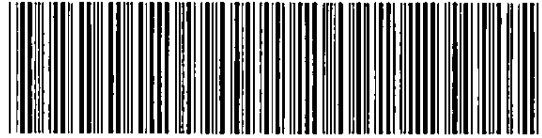
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Notice of
Diss

Office Use Only



700438981327

11/13/24--01011--028 **25.00

2024 NOV 13 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Admin DISS
ann rep.

menu 4

LC vol dis against
inactive

[Handwritten signature]

CUMMINGS & LOCKWOOD LLC

Rachel L. Tucker
Fiduciary Accountant

239.390.8087 Direct
239.430.3365 Fax
rtucker@cl-law.com
www.cl-law.com

The Brooks Grand Plaza
8000 Health Center Boulevard
Suite 300
Bonita Springs, FL 34135

November 5, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
TRACKING NO. 9214 7969 0099 9790 1654 1638 20

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Hermione Properties, LLC*
Doc No. L02000024897

Dear Sir or Madam:

Enclosed please find the Cover Letter, Notice of Limited Liability Company Dissolution, and a check for \$25.00 in payment of the filing fee. Please process these documents and update the current status of Hermione Properties, LLC.

Should you have any questions or need additional documentation, please contact me via email at rtucker@cl-law.com or by telephone no. (239) 390-9087.

Sincerely,



Rachel L. Tucker

RLT/hb

Enclosures

cc: Mr. Joel C. Spector *(via email)*
Mrs. Elana S. Napp *(via email)*
William N. Horowitz, Esq.
Rachel L. Tucker, Fiduciary Accountant

8619658.1.docx 11/5/2024

FILED
2024 NOV 13 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HERMIONE PROPERTIES, LLC

DOCUMENT NUMBER: L02000024897

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel L. Tucker

(Name of Contact Person)

Cummings & Lockwood LLC

(Firm/Company)

8000 Health Center Blvd., Suite 300

(Address)

Bonita Springs, FL 34135

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 13 AM 11:47

FILED

For further information concerning this matter, please call:

Rachel L. Tucker

at (239)

390-8087

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status & 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

Notice of Limited Liability Company Dissolution

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: HERMIONE PROPERTIES, LLC

Document number of Limited Liability Company is: L02000024897

Date of dissolution was: 09/27/2013

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

Additional information to reasonably determine the substance of claim.

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

4011 Cobia Estates Drive

Punta Gorda, FL 33955

Attn: Mr. Joel C. Spector

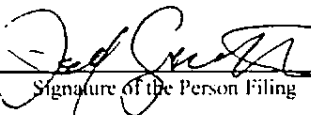
2024 NOV 13 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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.

Joel C. Spector

Printed Name of the Person Filing


Signature of the Person Filing