L05000080523

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
<u> </u>					
Special Instructions to Filing Officer:					
<u> </u>					





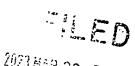
600404400206

20/3 FOR 20 PH 3: 57

COVER LETTER

TO:	TO: Registration Section Division of Corporations							
ÇI ID IE	F/R 2914 LLC							
SUBJECT: F/R 2914 LLC (Name of Limited Liability Company)								
The end	closed Articles of Dissolution and fee(s) are submitted	f for filing.						
Please	return all correspondence concerning this matter to the	e following:						
Hal Freedman (Name of Person)								
	(Name	of Person)						
	(Firm/Company)							
	1 B 1 A 1 To 55 B	£2705						
	1 Bould Dr SE 4	dress)						
		70-						
5+ Pokersburg, FL 33701 (City/State and Zip Code)								
	•	•						
For furt	ther information concerning this matter, please call:							
		162 (71)						
	WILLI Rudowsky (Name of Person)	at (727) 672-7//7 (Area Code & Daytime Telephone Number)						
		,						
Enclose	d is a check for the following amount:							
	S25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)						
	Mailing Address:	Street Address:						
	Registration Section	Registration Section						
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee						
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810						
	A A A A A A A A A A A A A A A A A A A	Tallahassee, FL 32303						

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability	The name of a limited liability company is			2020 Har 20 PH 3: 57		
F/R 2	914 LLC			DETANY OF STATE		
2. The Articles of Organization w		,		ssigned		
document number <u>L050</u>	00080 52	3				
3. The delayed effective date the deffective date. Note: If the date inserted in this listed as the document's effective.	e cannot be prior to block does not me	or more than 90 days eet the applicable st	later than date document atutory filing requirem			
4. A description of occurrence tha 605.0707, Florida Statutes, (cop	y 605.0707 on b	back cover letter).				
bulden	transf	erred to	Charitable	. Remaindar		
Trust with Ac	,					
170000 000 140	egan in	<u> </u>	<u></u>	· · ·		
5. If there are no members, enter t		•	• •	•		
activities and affairs:	Hal F	Freedman	or Wills Rue	dow stey		
_	13	ench the be	# 2705			
_	54.	Poters bur	j FL 33701			
_		<u>. </u>				
6. Signature of an authorized pers above to wind up the company's a	on or if there are ctivities and affa	e no members, the airs:	signature of the per-	son appointed and listed		
Miller Son & by Signature		W, L	Printed Name	SKY		
Signature			Printed Name			

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

W. LLi RUDIW S.K. 9
Printed Name of the Person Filing

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: F/R 2914 LLC		
Document number of Limited Liability Company is: <u>L0500086523</u>		
Date of dissolution was: $\frac{3/4/23}{}$		
Description of information that must be included in a written claim:		
Trust.		
tyansferred to charitate Romaunder		
Trust	023 t	
 	AR 2	, , ,
	- G	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	P₩ 3: 57	
1 Beach Dr SE #2705 St. Petersburg Fe 33701		
A claim against the above named limited liability company will be barred unless a proceeding to claim is commenced within 4 years after the filing of this notice.	nforce th	c

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