

L06000 026 793

(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:

Office Use Only



900333648879

08/26/19--01010--027 4405.00

FILED
2019 AUG 26 AM 9:36
SECTION 101
TAC 101

V. SULKER

SEP 05 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONTINUUM 2404, 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:

CRAIG D. SAVAGE

(Name of Person)

CRAIG D. SAVAGE, P.A.

(Firm/Company)

18851 NE 29TH AVENUE SUITE 303

(Address)

AVENTURA, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

CRAIG D. SAVAGE

(Name of Person)

954 985-1005

at ()
(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

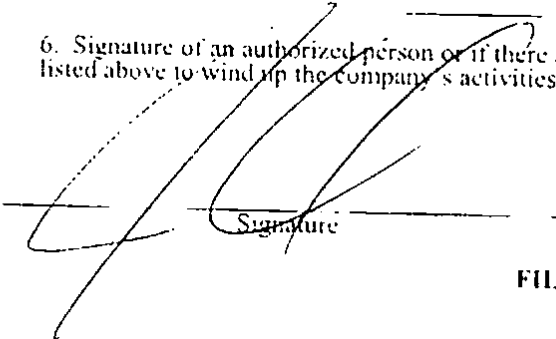
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
CONTINUUM 2402, LLC
2. The Articles of Organization were filed on 03/23/2006 and assigned
document number L06000026793
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).
TRANSFERRED SOLE ASSET.

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

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

_____ JOSHUA N. MANDEL _____
Printed Name

FILING FEE: \$25.00

FILED

2019 AUG 26 AM 9:36