

206 9900 306 27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

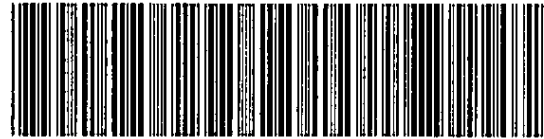
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/27/21 -- 11:02:11 -- 015 \*\*25.00

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2021 DEC 27 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FL

*Dissolution*

JAN 05 2022

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sal Beach Properties, LLC  
\_\_\_\_\_  
(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:

William C Lloyd

\_\_\_\_\_  
(Name of Person)

Sal Beach Properties, LLC

\_\_\_\_\_  
(Firm/Company)

6307 32nd Ave E

\_\_\_\_\_  
(Address)

Bradenton, FL 34208

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Thompson

\_\_\_\_\_  
(Name of Person)

727

at (\_\_\_\_\_) \_\_\_\_\_

895-2150

(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

SECRETARY OF STATE  
TALLAHASSEE, FL

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

1. The name of a limited liability company is  
Sal Beach Properties, LLC

2. The Articles of Organization were filed on 12/21/2021 and assigned  
document number L06000030627

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).  
Unanimous Consent of all Members

Unanimous Consent of all Members

Unanimous Consent of all Members

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:

  
Signature

William C Lloyd  
Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED