

LC6 000084331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

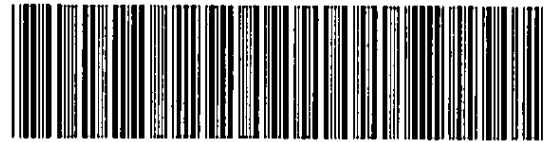
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600378322626

01/04/22--01026--021 **55.00

FILED

2022 JAN -4 PM 4:27

CLERK OF COURT
JANUARY 4, 2022

Dissolution

JAN 21 2022

D. CLISHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUSCANY STREET, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERT M. ABRAMSON

(Contact Person)

ROBERT M. ABRAMSON, P.L.

(Firm/Company)

19 E. CENTRAL BOULEVARD, 3RD FLOOR

(Address)

ORLANDO, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS STANCAMANO

(Name of Contact Person)

at (201) 705-3956
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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

FILED
2022 JAN-4 PM 4:27
TALLAHASSEE, FL
STATE

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

1. The name of a limited liability company is

TUSCANY STREET, LLC., a Florida limited liability company

2. The Articles of Organization were filed on August 25, 2006 as of August 20 2006 and assigned

document number L06000084331

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)

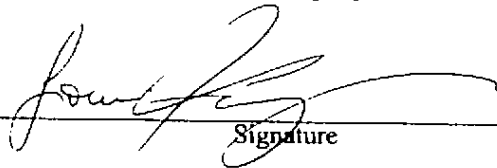
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

A UNANIMOUS VOTE OF THE MEMBERS AND MANAGERS

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

LOUIS STANCAMPIANO

Printed Name

FILING FEE: \$25.00

FILED
2006 JAN -4 PM 4:22
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT