

LD7000052658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

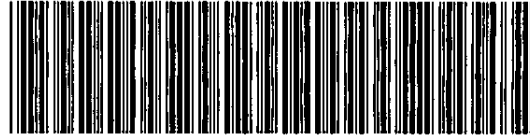
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/27/15--01027--016 **25.00

FILED

2015 OCT 27 A 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2015
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albanese-Stofft At Ocean Breezes, 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:

Leonard Albanese

(Name of Person)

Albanese-Stofft At Ocean Breezes, LLC

(Firm/Company)

7700 Congress Ave, Suite#3213

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracie Moeller

(Name of Person)

at (561) 994-13

(Area Code & Daytime Telephone)

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Albanese-Stofft At Ocean Breezes, LLC
2. The Articles of Organization were filed on 05/17/2007 and assigned
document number L07000052658
3. The delayed effective date the dissolution if not effective on the date of filing: 10/31/2015
(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).
Business has Closed.
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 _____ Printed Name _____ Leonard Albanese- Managing Member

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: Albanese-Stofft At Ocean Breezes, LLC

Document number of Limited Liability Company is: L07000052658

Date of dissolution was: 10/31/2015

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

Letters of any claims listing what the claim is for
and amount owed for claim. Invoices and
Contact person, phone number and address.

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

7700 Congress Ave, Suite#3213
Boca Raton, FL 33487

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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.

Leonard Albanese- Managing Member

Printed Name of the Person Filing


Signature of the Person Filing

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