

L01000065749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

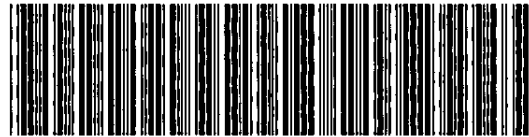
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/07/14--01007--009 **80.00

FILED
2014 MAR -7 PM 12:33
CLERK OF COURT
TALLAHASSEE, FLORIDA

MAR 10 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 633 Sawyer 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:

Daria J. Bonardi
(Name of Person)
633 Sawyer LLC
(Firm/Company)
320 Daly Rd
(Address)
Tequesta, FL 33469
(City/State and Zip Code)

For further information concerning this matter, please call:

Daria J. Bonardi at (561) 358-1988
(Name of Person) (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

FILED
2014 MAR - 7 PM 12:38
CLERK OF COURT
STATE OF FLORIDA

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

1. The name of a limited liability company is

633 Sawyer LLC

2. The Articles of Organization were filed on 06/21/07 and assigned
document number 407000045749

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

Sale of LLC physical property located at
633 Sawyer Dr
Cudjoe Key, FL 33042

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

David J. Bonardi

Daria J. Bonardi

FILING FEE: \$25.00

FILED
2014 MAR -7 PM12:33
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

Notice of Limited Liability Company Dissolution

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: 633 Sawyer LLC

Date of dissolution was: 09/18/13

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

Dissolution of 633 Sawyer LLC,
occurred when the physical property
at 633 Sawyer Drive, Cudjoe Key, Fl
33042, sold on 9/18/13.

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

320 Daly Rd
Teguesta, Fl 33469

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.

Daria J. Bonardi

Printed Name of the Person Filing

Daria J. Bonardi

Signature of the Person Filing

FILED
2014 MAR -7 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA