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(Req	uestor's Name)	
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(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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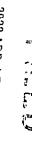
Office Use Only



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of 5/25/2022

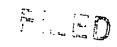
COVER LETTER

Registration Section

TO:

,		
UBJECT: (Name of Limited Liability Company)		
itted for filing.		
o the following:		
ame of Person)		
irm/Company)		
(Address)		
state and Zip Code)		
II:		
315 491-4949 at ()		
(Area Code & Daytime Telephone Number)		
☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Street Address:		
Registration Section		
Division of Corporations		
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2022 APR 15 PM 4:55 1. The name of a limited liability company is 1410 SE 43rd Terrace, LLC 08/01/2007 2. The Articles of Organization were filed on _ and assigned document number ______ 3. The delayed effective date the dissolution if not effective on the date of filing: 2-17-22

(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). Mortgage Receivable paid off. No further business is being conducted Mortgage Receivable paid off. No further business is being conducted Mortgage Receivable paid off. No further business is being conducted 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: Printed Name

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:	1410 SE 43rd Terrace, LLC
Document number of Limited Liability	L07000078933 ty Company is:
Date of dissolution was: 2-17-22	
Description of information that must	be included in a written claim:
Nature of the claim, reason for the claim	, time period of claim, person making the claim, phone number, email,
and address of person making the claim	
Mailing address where claims can be	sent: (Claims cannot be sent to the Division of Corporations)
Colleen M Murphy	
1000 Wiggins Pass RD. #148	
Naples, FL 34110	
A claim against the above named limiclaim is commenced within 4 years at	ited liability company will be barred unless a proceeding to enforce the fter the filing of this notice.
Colleen M Murphy	Callean M. Mursky
Printed Name of the Person Filli	

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