# L07000118250

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
. /
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

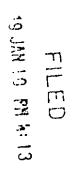
Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Beach House 3264 LLC
(Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Melanie Joy Hand (Name of Person)
Beach House 3264 LLC (Firm/Company)
865 Marshside Court (Address)
Jacksonville Beach FL 32250 (City/State and Zip Code)
For further information concerning this matter, please call:
Melanie Hand at (904) 994-0535 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\sum \frac{1}{2}\$\$ \$25.00 Filing Fee and Certificate of Dissolution  \$\sum \frac{1}{2}\$\$ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

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

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	lity company is		
BEACH HOUSE	3264 LLC		
	on were filed on 11-26-20	07 and assi	gned
Note: If the date inserted in	the dissolution if not effective on e date cannot be prior to or more than 90 this block does not meet the applicab ctive date on the Department of State	days later than date document is le statutory filing requirement	received for filing)
4. A description of occurrence	e that resulted in the limited liabil	ity company's dissolution	pursuant to section
<u> </u>	(copy 605.0707 on back cover let		en 12-7-201
1 -1			
<u> </u>			
<del></del>			<del></del>
			7.0
5. If there are no members, en	ter the name and address of the pe	erson appointed to wind ur	the company's
activities and affairs:	Melanie Joy Hand		74 0 F
	865 Harshside Court		TO TO
	Jacksonville Beach F	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		<del></del>	
6. Signature of an authorized listed above to wind up the coi	person or if there are no members inpany's activities and affairs:	, the signature of the person	n appointed and
Molanic J. Itand Signature		Janie Joy Har	d

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: BEACH HOUSE 3269 LLC
Document number of Limited Liability Company is: L 07000 11 8 250
Date of dissolution was: 1-14-2019
Description of information that must be included in a written claim:
Rental Home at 3264 Coastal Hwy, St. Augustine, FL
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  865 Marshside Court
Jacksonville Beach FL 32250
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.
Melanie Jay Hand  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

Signature of the Person Filing