108000069303

(Requ	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
(City/	/State/Zip/Phon	e #)
	_	_
PICK-UP	WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies Certificates of Status		s of Status
Special Instructions to Fi	iling Officer:	
		!
		,

Office Use Only



300350367863

08/20/20 - 01013 -017 - **25.00

FILED 2020 0CT 20 AM 10: 32

CT 21 22

COVER LETTER . .

ited Liability Company)
itted for filing.
o the following:
ame of Person)
LLC
irm/Company)
loward Avenue
(Address)
tate and Zip Code)
II:
813 485-9025
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

1.	The name of a limited liability company is 401 Parsons LLC
2.	The Articles of Organization were filed on 7-17-2008 and assigned
	document number L08000069303
3.	The delayed effective date the dissolution if not effective on the date of filing: 7-24-2020 (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).
	Entity sold
	Entity sold
İ	Entity sold Fig. 2
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	David Scher-204 N Howard Ave., Tampa, FL 33606 813-485-902
6. abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed eve to wind up the company's activities and affairs:
_	David Scher
_	Signature Printed Name
بب	FILING FEE: \$25.00