(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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JAN T. 7 MIL U. BRUCE

COVER LETTER

Division	n of Corporations	
SUBJECT:	4493 SUNSET DRIVE, LLC	
	(Name of Limited Liability Company)	
The enclosed Art	ticles of Dissolution and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	William W. Caldwell, Esq.	
	(Name of Person)	
	(Registered Agent)	
	(Firm/Company)	
	2125 Windward Way	201 201
	(Address)	
	Vero Beach, FL 32963	OIA JAN I 4 PH 2: 47
	(City/State and Zip Code)	
n		# 2 FL0
For further inform	mation concerning this matter, please call:	70% 30% 11:
W	illiam W. Caldwell, Esq. at(772)231-6540	
	(Name of Person) (Area Code & Daytime Telephone l	Number)
Enclosed is a chec	k for the following amount:	
	Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate	
	Certified Copy (additional cop	y is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

4403 SUNS	SET DRIVE, LLC
The Articles of Organization were fil document numberL0800074	led on <u>August 4, 2008</u> and assigned
The delayed effective date the dissolu	ution if not effective on the date of filing: effective immediately
. A description of occurrence that resu 605.0707, Florida Statutes, (copy 605	alted in the limited liability company's dissolution pursuant to section 5.0707 on back cover letter).
_Distribuion of all ass	sets to the Members.
. If there are no members, enter the nar activities and affairs:	ame and address of the person appointed to wind up the company's
Signature of an authorized person or bove to wind up the company's activiti	if there are no members, the signature of the person appointed and listed ies and affairs:
Signature Cell	Printed Name William W. Caldwell
anagin Memb	FILING FEE: \$25.00