## 108000075213

Office Use Only



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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: <u>NORTH</u>	TENTH STREET LC (Name of Limited Liability Company)
The enclosed Articles of Dissolution a	and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
	(Name of Person)
	(Name of Person)
	(Firm/Company)
2807	N 10Th -St
<del></del>	(Address)
Jr. AUG.	(Address)  (STINE FL 32084  (City/State and Zip Code)
For further information concerning th	is matter, please call:
K JOY AVE	erson) at ( 904) 8/4-7457 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
\$25.00 Filing Fee and Certificat	te of Dissolution   \$555.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
MAILING ADI Registration Sec	
Division of Corp	porations Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

•	ARTICLES OF DISSOLUTION FOR	20/2.
	A LIMITED LIABILITY COMPANY	W.S.C.
	TH TENTH STREET 1-6	C C CONSTRUCT OF PH
	7	and assigned
document number <u>L</u>	18000075213	
mile date inserted	ate the dissolution if not effective on the date of fi- ctive date cannot be prior to or more than 90 days later than d in this block does not meet the applicable statutory fili flective date on the Department of State's records.	ling:
A description of occurre	ence that resulted in the limited liability company's es. (copy 605.0707 on back cover letter).	s dissolution pursuant to section
REAL EST	ATE WAS SOLD ON S	9/28/18.
If there are no members.	enter the name and address of the person appoint	ed to wind up the company's
activities and affairs:	K SOY AVERY	4
	ST. AUGUSTINE, F.	21.01/
	-ST. AUGUSTINE, F	2 22084
Signature of an authorized above to wind up the	ed person or if there are no members, the signatur- company's activities and affairs:	e of the person appointed and
1 -		
Signatur	<u>~ K. Yov</u>	AVERY MANAGER

**FILING FEE: \$25.00**