

1090000009513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

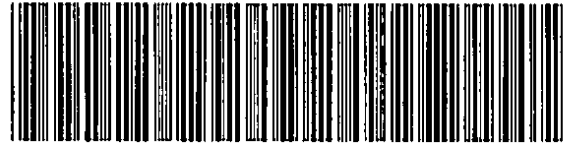
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700378321397

Effective Date 12/31/2021

12/21/21--01011--021 **25.00

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2021 DEC 21 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FL

Dissolution w/ notice

DEC 28 2021

D CUCHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joy Altamonte Holdings, LLC

DOCUMENT NUMBER: L09000009512

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce R Abernethy Jr

(Name of Contact Person)

Bruce R Abernethy Jr PA

(Firm/Company)

130 S Indian River Dr, #201

(Address)

Fort Pierce, FL 34950

(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce R Abernethy, Jr.

(Name of Contact Person)

at (772)

(Area Code)

489-4901

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status & Certified
Copy (Additional copy
is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2021 DEC 21 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Joy Altamonte Holdings, LLC

2. The Articles of Organization were filed on January 29, 2009 and assigned

document number L09000009512

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021
(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).

Termination of business operations

Termination of business operations

Termination of business operations

5. If there are no members, enter the name and address of the person appointed to wind up the company 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:


Signature

Stacy F. Silvestri, Manager

Printed Name

FILING FEE: \$25.00

2021 DEC 21 PM 4:41
SECRETARY OF STATE
FLORIDA

FILED

Notice of Limited Liability Company Dissolution

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: Joy Altamonte Holdings, LLC

Document number of Limited Liability Company is: L09000009512

Date of dissolution was: December 31, 2021

Description of information that must be included in a written claim:

Claimant contact information: Name, address, phone number and email address

Description of Claim and support documentation

Dollar amount of Claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

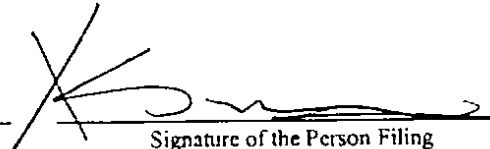
2434 NE Myrtle St.

Jensen Beach, FL 34957

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.

Stacy F. Silvestri, Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FL