

L09000016996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

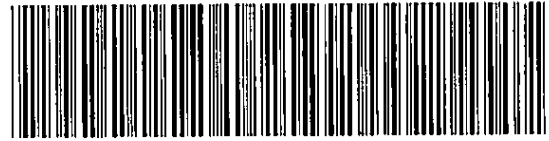
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MAR - 6 2023

57 5-16-23

Office Use Only



100403674831

MAR 13 2023

CLERK OF SUPERIOR COURT

FILED

2023 MAR - 6 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10of9 Management, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmen Casado

(Name of Person)

(Firm/Company)

53 Domingo Avenue

(Address)

Berkeley, CA 94705

(City/State and Zip Code)

For further information concerning this matter, please call:

Carmen Casado

(Name of Person)

619

957-8921

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2023 MAR -6 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

10of9 Management, LLC

2. The Articles of Organization were filed on February 20, 2009 and assigned

document number 1.09000016996

3. The delayed effective date the dissolution if not effective on the date of filing: 03/01/2023

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

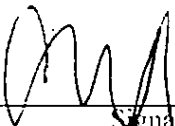
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Meeting of Member. The consent of the member to dissolve.

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

Carmen Casado

Printed Name

FILING FEE: \$25.00