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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DELOACH, PL Account Number : 120030000125 Phone : (407)480-5005

Fax Number : (407)480-5025

LLC DISSOLUTION OR WITHDRAWAL 810 SW 21ST AVENUE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is 810 SW 21ST AVENUE, LLC		
2.	The Articles of Organization were filed on 06/17/2009 and assigned		
	document number L09000058831		
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days inter 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).		
	Pursuant to Section 605.0707, Florida Statutes, the Members and Managers of 810 SW 21ST AVENUE, LLC,		
	have agreed to dissolve the Company.		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:		
	· · · · · · · · · · · · · · · · · · ·		
			7
6. Iis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	372 至	してい
1	Wichael A. Schrimsher	1 G	1
	Signature Printed Name	97	j

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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.

810 SW 21ST AVENUE, LLC

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:		
Document number of Limited Liability Company is: L09	000058831	
Date of dissolution was: April 11, 2019		
Description of information that must be included in a writte	n claim:	
Basis for claim; amount claimed; n	ame and address of	
creditor; security for claim, if any; a	and whether the claim is	
is currently due or involves an unce	ertainty, and, if not due,	
then the due date and, if continger	nt or unliquidated, the	
nature of the uncertainty		
Mailing address where claims can be sent: (Claims cannot be 1206 East Ridgewood Street Orlando, Florida 32803 A claim against the above named limited liability company value is companied within 4 years after the filing of this against the source of the	will be barred unless a proceeding to enforce th	THE AN TO SO
claim is commenced within 4 years after the filing of this no	tree.	
Michael A. Schrimsher	wils DA Sam	
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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