# L09000111427

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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name	e)			
(Document Number)				
(Bocument Humber)				
	10.			
Certified Copies Certificates	of Status			
Special Instructions to Filing Officer:				

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### **CORPORATE** ACCESS,

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236 East 6th Avenue. Tallahassee, Florida 32303

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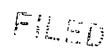
#### WALK IN

	PICK UP:	JENA 12/20
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	DISSOLUTION
1.	ISLAND WALK PARTNERS, (CORPORATE NAME AND DOCUMEN	, LLC
2.		
•	(CORPORATE NAME AND DOCUMEN	T( #)
3.	(CORPORATE NAME AND DOCUMEN	
	CORPORATE NAME AND DOCUMEN	· 1 #)
4.	(CORPORATE NAME AND DOCUMEN	(T) #)
5.		
	(CORPORATE NAME AND DOCUMEN	'{ <b>`</b> ' #)
6.	(CORPORATE NAME AND DOCUMEN	(1) ii)
	LINSTRUCTIONS:	

#### **COVER LETTER**

Division of Corporations		
Island Walk Partners, LLC		
SUBJECT: (Name of Limite	ed Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitt	ed for filing.	
Please return all correspondence concerning this matter to	the following:	
Kevin A. Denti, Esquire		
(Name of Person)		
Kevin A. Denti, P.A.		
(Firm/Company)		
2180 Immokalee Road - Suite #316		
(Address)		
Naples, Florida 34110		
(City/Stat	te and Zip Code)	
For further information concerning this matter, please call:		
Kevin A. Denti, Esquire	239 260-8111 at ()	
(Name of Person)	(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:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is	2024 DEC 20 AH 11: 03
Island Walk Partners, LLC	SLO <sub>L</sub> .
2. The Articles of Organization were filed on $\frac{117}{2}$	19/2009 SLUTE TALLAHASSEE. FL and assigned
document number L09000111427	
3. The delayed effective date the dissolution if no feffective date cannot be prior to Note: If the date inserted in this block does not in listed as the document's effective date on the Dept.	or more than 90 days later than date document is received for filing) neet the applicable statutory filing requirements, this date will not be
<ol> <li>A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on</li> </ol>	e limited liability company's dissolution pursuant to section back cover letter).
Business Closed	
<ol> <li>If there are no members, enter the name and ac activities and affairs:</li> </ol>	ddress of the person appointed to wind up the company's
6. Signature of an authorized person or if there a above to wind up the company's activities and after the company's activities and activities and activities and activities and activities and activities activities and activities activities activities and activities activi	re no members, the signature of the person appointed and listed fairs:
Mix cott	Kevin A. Denti, Esquire - Registered Agent
Signature	Printed Name

FILING FEE: \$25.00