

LOG 000117869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

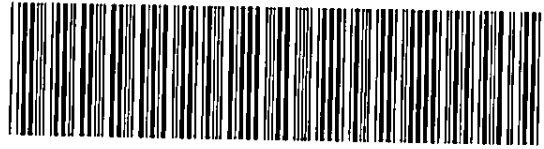
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY - 2 2024

Office Use Only



700428433787

FILED

2024 MAY -2 AM 10:38

FLORIDA STATE
CORPORATION

RECEIVED

2024 MAY -2 PM 3:28

REGISTRATION OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 05/02/24
Order #: 1497904-3
Re: Terp Properties of Florida I LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in cursive script, appearing to read 'Shauna Godbolt', is written over the text 'I20000000195' and 'AUTH'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Terp Properties of Florida I 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:

Rebecca S Flowers

(Name of Person)

MAS Companies

(Firm/Company)

118 Graceland Blvd., Suite 318

(Address)

Columbus, OH 43214

(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Flowers

(Name of Person)

614

431-4399

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
2024 MAY -2 AM 10:38
DEPARTMENT OF STATE
FLORIDA

1. The name of a limited liability company is
Terp Properties of Florida I LLC

2. The Articles of Organization were filed on 12/12/2009 and assigned
document number L09000117869

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 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).

Terminating Business, all assets that were held by LLC were sold.

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Terminating Business, all assets that were held by LLC were sold.

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

118 Graceland Blvd., Suite 318

Columbus, OH 43214

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:

Rebecca S Flowers
Signature

Rebecca S. Flowers

Printed Name

FILING FEE: \$25.00

CSC DIS-20420

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.

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: _____

Date of dissolution was: _____

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

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

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.

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