

L10000055093

(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
SEP 17 2024

Office Use Only



400435713024

FILED

2024 SEP 16 AM 10:16

RECEIVED

2024 SEP 16 PM 2:48

CLERK OF SUPERIOR COURT
CLERK'S OFFICE

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956

Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 9/16/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1295662

ORDER ENTITY
ISLAND LANDINGS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ISLAND LANDINGS LLC (FL)

File the attached dissolution document

NOTES:

\$25.00 Authorized

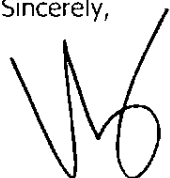
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

FILED
2024 SEP 16 AM 10:16
FSA

1. The name of a limited liability company is
ISLAND LANDINGS LLC

2. The Articles of Organization were filed on 05/21/2010 and assigned
document number L10000055093

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.

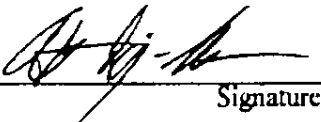
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
LLC NOT NEEDED

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

1 Alhambra Plaza, Suite PH

Coral Gables, FL 33134

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

ALBERT DIAZ-SILVEIRA

Printed Name

FILING FEE: \$25.00