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(Red	questor's Name)	
(Add	lress)	
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03/10/15--01008--020 **25.00

SECRETARY OF STATE

01/15

.COVER LETTER

5714 19TH STREET LLC	
SUBJECT: (Name of	of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
KEVIN ELDRIDGE	
	(Name of Person)
	(Name of Ferson)
	(Firm/Company)
6737 CHENKIN RD	(tuni company)
6/3/ CHENKIN KD	
	(Address)
ZEPHYRHILLS, FL 3354	2
	(City/State and Zip Code)
For further information concerning this matter, ple	ease call:
KEVIN ELDRIDGE	813 312-3310
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee and Certificate of Dissoluti	555.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

. The name of a limited liability company is	15 MAR 10	PH 1	։ կ5
5714 19TH STREET LLC			
The Articles of Organization were filed on 01/03/2011	and assigned		
document number L1100000100			
. The delayed effective date the dissolution if not effective on the date of (effective date cannot be prior to or more than 90 days later than	filing: 03/31/15 In date document is received for filing)		
. A description of occurrence that resulted in the limited liability compan 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	y's dissolution pursuant to section	n	
The consent of all the members.			
If there are no manhors enterthe name and address Cale an			
. If there are no members, enter the name and address of the person appoi	nted to wind up the company's		
activities and affairs:			
Keuin Eldridge	•		
1 7 7 7 1	\sim 1		
6737 Chenki	n Rd		
Zephyrhills FL.			
• •			
Signature of an authorized person or if there are no members, the signat sted above to wind up the company's activities and affairs:	ure of the person appointed and		
eum D. Harriage KEVIN ELDRIG	DGE		
Signature Pr	rinted Name		
FILING FEE: \$25.00			

Notice of Limited Liability Company Dissolution

TILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

NOTE: This page is optional

15 MAR 10 PM 1:45

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: 5714 19TH STREET LLC
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Name and address of claimant; basis for the claim; all documentation that supports
the claim; Amount of claim; Date of event that gave rise to claim.
· · · · · · · · · · · · · · · · · · ·
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
6737 CHENKIN RD
ZEPHYRHILLS, FL 33542
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.
KEVIN ELDRIDGE Kevin D. Mariden
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