

L11 000002065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

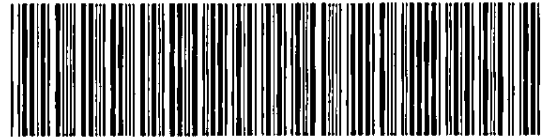
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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02/21/23--L1010 --008 \*\*25.00

23 FEB 21 AM 6:52

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FEB 21 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Cottages, 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:

James Sauls

\_\_\_\_\_  
(Name of Person)

Benchmark Real Estate Services

\_\_\_\_\_  
(Firm/Company)

522 East Jefferson Street

\_\_\_\_\_  
(Address)

Tallahassee, Florida 32301

\_\_\_\_\_  
(City/State and Zip Code)

23 FEB 21 AM 6:52

For further information concerning this matter, please call:

James Sauls

850

251-6050

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:**

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**

1. The name of a limited liability company is

The Cottages LLC

2. The Articles of Organization were filed on 01/05/2011 and assigned

document number L11000002065

3. The delayed effective date the dissolution if not effective on the date of filing: 2/28/2023  
(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).

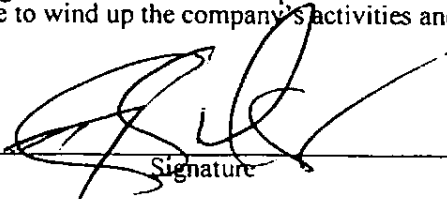
The agreement of the Member as provided in the Company's Operating Agreement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

James Sauls

Printed Name

**FILING FEE: \$25.00**

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FEB 21 2023  
STATE OF FLORIDA  
DEPARTMENT OF STATE

## 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: The Cottages, LLC

Document number of Limited Liability Company is: L11000002065

Date of dissolution was: 2/28/2023

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

The full legal name and address of the person and/or entity making the claim; the amount claimed; the date the debt was allegedly incurred; the name and address of the individual incurring the debt on behalf of the company; a copy of any invoice(s) or other bill(s) evidencing the debt; and a factual basis for the alleged debt

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

The Cottages, LLC

c/o Levine & Stivers, LLC

245 East Virginia Street

Tallahassee, Florida 32301

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Division of Corporations  
Tallahassee, FL

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.

James Sauls

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**

2/15/23, 5:56 PM

Common Checkout Payment Receipt

**Payment Receipt Confirmation**

Your payment was successfully processed.

**Transaction Summary**

Description	Receipt Confirmation	
	Amount	
	\$138.75	
Total Amount Paid	\$138.75	

**Customer Information**

Customer Name	James Sauls	Receipt Date	2/15/2023
Local Reference ID	0107274305CC L18000063011	Receipt Time	05:54:39 PM EST

**Payment Information**

Payment Type	Credit Card	Credit Card Number	*****4004
Credit Card Type	AMEX	Order ID	34565130

**Billing Information**

Billing Address	522 East Jefferson Street	Phone Number	8502516050
Billing City, State	Tallahassee, FL	This receipt has been emailed to the address below.	
ZIP/Postal Code	32301	Email Address	jsauls@benchmarkres.com
Country	US		

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BENCHMARK RESOURCES