## L11000031571

(Requestor's Name)							
(Address)							
(Address)							
,							
(City/State/Zip/Phone #)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Octanida doptes							
Special Instructions to Filing Officer:							

Office Use Only



300399799733

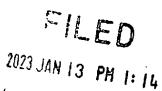
61.18.28-010.4-090 4-21.00

2023 JAN 13 PM 1: 14

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJE	610 CLEMATIS REALTY 718 LLC							
50000		ed Liability Com	pany)					
	losed Articles of Dissolution and fee(s) are submitted	Č						
r tease r	GARY LERMAN	me tonowing.						
		# PS						
	(Name of Person)							
	GARY LERMAN CPA, PLLC							
	(Firm/Company)							
	PO BOX 528							
	(Address)							
	SOMERS, NY 10589							
	(City/Stat	te and Zip Code)						
For furtl	her information concerning this matter, please call:							
	GARY LERMAN	914 at (	277-8689					
	(Name of Person)	(Area	Code & Daytime Telephone Number)					
Enclosed	l 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 Addre						
	Registration Section Division of Corporations	Registration Section						
	P.O. Box 6327	Division of Corporations 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 liab	Ç.	GRETARY OF STATE					
	610 CLEMATIS REALTY 7	18 LLC	<u>.</u>	MLLAHASSER	STATE			
2.	The Articles of Organization	on were filed on 0315/2011			, r <u> </u>			
	document number L110000	31571						
3.	(effective Note: If the date inserted in	e the dissolution if not effective on the date of filing: ive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.						
4.	A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limited lia (copy 605.0707 on back cover	bility company's dissolut letter).	ion pursuant to sec	ction			
	PROPERTY SOLD							
5.	If there are no members, er activities and affairs:	nter the name and address of the GARY LERMAN	person appointed to win	d up the company				
		PO BOX 528			_			
		SOMERS, NY 10589			<del>-</del>			
6. ab	Signature of an authorized ove to wind up the company	person or if there are no memby's activities and affairs:	ers, the signature of the po	erson appointed ar	 nd listed			
	<u> </u>	GA	RY LERMAN FOR 610 CL		718 LLC			
Signature			Printed Name					

**FILING FEE: \$25.00**