

L11 0000 45673

W

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

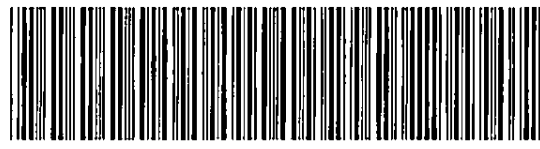
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000422956180

02/02/24--01014--019 **35.00

FILED
2024 FEB 27 PM 3:41
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Protective Properties, 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:

Nelson Torretta

(Name of Person)

Protective Properties, LLC

(Firm/Company)

10930 Lynn Lake Circle

(Address)

Tampa, FL 33625

(City/State and Zip Code)

For further information concerning this matter, please call:

Nelson Torretta

(Name of Person)

813

389-3811

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

(See attached cancelled check)

☐ \$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

1. The name of a limited liability company is
Protective Properties, LLC

FILING FEE: \$25.00

6. INSTRUCTIONS: Mark the correct answer.