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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

Registration Section Division of Corporations

TO:

GI SUBJECT:	ACALONE PROPERTIES IV, LLC			
	(Name of Limit	ted Liability Compa	ny)	
'he enclosed A	rticles of Dissolution and fee(s) are submit	tted for filing		
ne enclosed Al	racies of Dissolution and lee(s) are submir	ited for thing.		
lease return all	correspondence concerning this matter to	the following:		
	Peter Giacalone			
	(Na	me of Person)		
	(Fir	m/Company)		
	709 South Atlantic Avenue			
	-	(Address)		
	Cocoa Beach, FL 32931			
	(City/Sta	ate and Zip Code)		
or further info	rmation concerning this matter, please call	:		
Peter (Giacatone	407 at (927-1716	
	(Name of Person)		ode & Daytime Telephone Number)	
nclosed is a chec	ck for the following amount:			
≡ \$25.00	■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Muilin	o Address	Street Address	۲۰	
	Mailing Address: Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	3ox 6327		of Tallahassee	
Tallal	nassee, FL 32314	2415 N. Mo	nroe Street, Suite 810	

Tallahassee. FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	The name of a limited liability company is GIACALONE PROPERTIES IV, LLC
2.	The Articles of Organization were filed on May 25, 2011 and assigned
	document number L11000062837
3.	The delayed effective date the dissolution if not effective on the date of filing: Sep 30, 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).
	Remaining real estate property owned and managed by this LLC has been fully divested and the business
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	activities and affairs:
ab	Signature of an authorized person or if there are no members, the signature of the person appointed and liste sove to wind up the company's activities and affairs:
ab	Signature of an authorized person or if there are no members, the signature of the person appointed and liste

FILING FEE: \$25.00

PROBLEM OF STATE