

L11000125535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

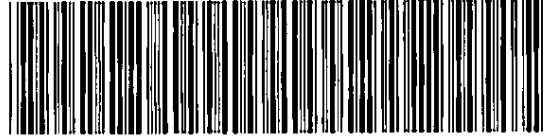
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100368616141

2021 JUN 28 AM 11:05
STATE
ALLAN S. SHERMAN
RECEIVED

JUL 2021

X

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 882809 5030949

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : June 28, 2021

ORDER TIME : 2:26 PM

ORDER NO. : 882809-005

CUSTOMER NO: 5030949

DOMESTIC FILINGS

NAME: ST PETE CAPITAL LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2021

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: ST PETE CAPITAL LLC
Ref. Number: L11000125535

We have received your document for ST PETE CAPITAL LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III


Letter Number: 621A00014827

2021 JUN -2 PM 3:44

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EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations
ST PETE CAPITAL LLC

SUBJECT: _____
(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:

JOSEPH R. DALY

(Name of Person)

ST PETE CAPITAL LLC

(Firm/Company)

50 West 72nd St ST c-7

(Address)

New York, NY 10023

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas Daly

917

9215409

(Name of Person)

at (

_____) _____
(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
ST PETE CAPITAL LLC

2. The Articles of Organization were filed on 11/03/2011 and assigned
document number L11000125535

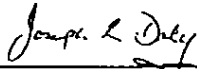
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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 company's sole business was a mortgage loan which was paid back in full. Ending the need for the company.

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

JOSEPH R DALY 2707 Sheltingham Drive Wellington FL 33414

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

JOSPEH R. DALY

Printed Name

FILING FEE: \$25.00

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.

ST PETE CAPITAL LLC

Name of Limited Liability Company: _____

L1000125535

Document number of Limited Liability Company is: _____

JAN 1 2021

Date of dissolution was: _____

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

THE LLC WAS REPAID ITS SOLE LOAN IN FULL AND WOULD LIKE TO CONCLUDE BUSINESS

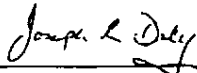
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2707 Sheltingham Drive Wellington FL 33414

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.

JOSEPH R. DALY

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