(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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LL C dissolution

A. RAMSEY MAR +3 2024

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 - Tallahassee, Florida 32301 (850) 224-8870 - 1-800-342-8062 - Fax (850) 222-1222

DOVE APTS, LLC	1
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
d-4	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	An. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Photo Copy
	Certificate of Good Standing
	Cenificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ ,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

### ARTICLES OF DISSOLUTION FOR A LIMITED LABILITY COMPANY

FILED 2024 MAR 12 PM 12 11

1. The name of a limited li DOVE APTS, LLC	ability company is		
2. The Articles of Organiza	ntion were filed on $\frac{11/3/2011}{}$	and assi	igned
document number L1100	00125579	_	
Note: If the date inscrted	ctive date cannot be prior to or mor	etive on the date of filing: March 3 to than 90 days later than date document is applicable statutory filing requirement of State's records.	(received for filing)
4. A description of occurre 605.0707, Florida Statute	nce that resulted in the limites, (copy 605.0707 on back c	ed liability company's dissolution	pursuant to section
	presenting 100% Ownership In	•	
5. If there are no members, activities and affairs;	enter the name and address Yaakov Brafman	of the person appointed to wind up	o the company's
	P.O. BOX 403353		
	MIAMI BEACH, FL 331	4()	
above to wind up the compa	my's activities and affairs:	nembers, the signature of the perso	n appointed and listed
Yaakov Bra	<u></u>	Yaakov Brafman, Manager	
Signature	•	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.

Name of Limited Liability Company: DOVE APTS, LLC	
Document number of Limited Liability Company is: L110001255	579
Date of dissolution was: March 31, 2024	
Description of information that must be included in a written cla	iin:
Name of Claimant, Claimant address, Arnount Claimed, Account num	ther and or Invoice number (if applicable)
the Date the Claim or debt was incurred, maturity date (if applicable) a	and detailed history of claim or debt.
Mailing address where claims can be sent: (Claims cannot be sen	nt to the Division of Corporations)
Yaakov Brafman	
P.O. BOX 403353	
Miami Beach, Florida 33140	
<del> </del>	
A claim against the above named limited liability company will claim is commenced within 4 years after the filing of this notice.	be barred unless a proceeding to enforce the
Yaakov Brafman, Manager	Yaakov Brafman
Printed Name of the Person Filing	Signature of the Person Filing