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L12 000093006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

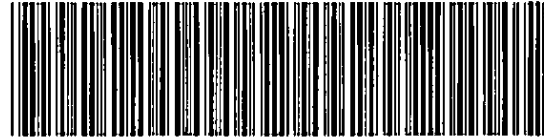
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/05/21--01011--021 **25.00

2021 FEB -5 AM 7:47

O SIMMONS
MAR 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DALEHURST DRIVE WEST 3115 ASSOCIATES, 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:

ZAFIA TRIZONIS

(Name of Person)

DALEHURST DRIVE WEST 3115 ASSOC LLC

(Firm/Company)

5621 STETSON RD

(Address)

JACKSONVILLE, FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Zafia Trizonis

(Name of Person)

at (904) 881-0451

(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**

2021 FEB -5 AM 7:47

1. The name of a limited liability company is

DALEHURST DRIVE WEST 3115 ASSOCIATES, LLC

2. The Articles of Organization were filed on JULY 12, 2012 and assigned

document number L12000093006

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).

PROPERTY WAS SOLD

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

ZAFIA TRIZONIS (REGISTERED AGENT)

5621 STETSON RD

JACKSONVILLE, FL 32207

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:

Zafia Trizonis
Signature

ZAFIA TRIZONIS
Printed Name

FILING FEE: \$25.00