

L12 000125062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

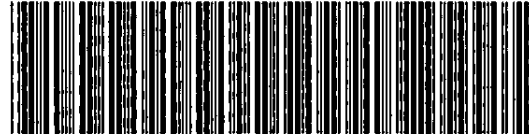
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY 19 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

↓ Shivers MAY 27 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAY LUXE 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:

KENDRA GUSTAFSON

(Name of Person)

BAY LUXE PROPERTIES, LLC

(Firm/Company)

1810 WEST KENNEDY BLVD.

(Address)

TAMPA, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

KENDRA GUSTAFSON

(Name of Person)

at (813) 280-8551

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
BAY LUXE PROPERTIES, LLC
2. The Articles of Organization were filed on 10/01/2012 and assigned
document number L12000125062
3. The delayed effective date the dissolution if not effective on the date of filing: 06/01/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
608.441 (1.C) UNLESS OTHERWISE PROVIDED IN THE ARTICLES OF
ORGANIZATION OR OPERATING AGREEMENT, UPON THE WRITTEN
CONSENT OF ALL OF THE MEMBERS OF THE LIMITED LIABILITY 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:
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

MARK LEVEY

Printed Name

FILING FEE: \$25.00

14 MAY 19 AM 10:48
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA