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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

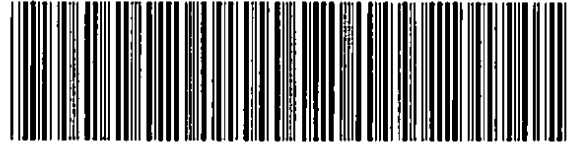
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 DEC -5 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FL

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2024 DEC 27 5:08 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayway Building, 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:

Susan Chaves Zucker

(Name of Person)

Chaves Family Holdings, LLLP

(Firm/Company)

1 Liberty Plaza, FL 46

(Address)

New York, NY 10006

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Chaves Zucker

(Name of Person)

212

at (

349-5618

(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

Bayway Building, LLC

2. The Articles of Organization were filed on 12/28/2012 and assigned

document number L12000161953

3. The delayed effective date the dissolution is 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).

This dissolution is approved per the joint written consent of the Company's manager and members

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

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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

Susan Chaves Zucker

Printed Name

FILING FEE: \$25.00