

# L130000057198

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

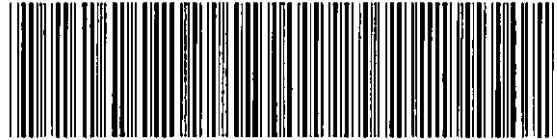
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



700438489887

10/28/24--01024--015 \*\*25.00

2024 OCT 28 AM 9:31  
RECEIVED  
FBI



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aspen Grove Partners 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:

Michael J. Schroeder  
(Name of Person)

Aspen Grove Partners LLC  
(Firm/Company)

4851 Tamiami Trail N, Suite 200  
(Address)

Naples, FL 34103  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Schroeder at 239, 961-1174  
(Name of Person) (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

2004 OCT 28 PM 9:31  
FILED  
TALLAHASSEE  
FL



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

1. The name of a limited liability company is

Aspen Grove Partners LLC

2. The Articles of Organization were filed on April 17, 2013 and assigned

document number L13000057198

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/24  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

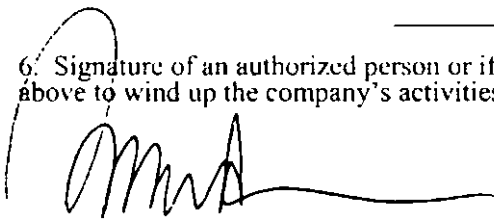
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

All company assets were sold in 2024,  
and the company ceased operations.

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

Michael J. Schroeder

Printed Name

**FILING FEE: \$25.00**

2024 OCT 28 PM 5:31  
SECRET  
TALLAHASSEE



## 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: Aspen Grove Partners LLC

Document number of Limited Liability Company is: L13000057198

Date of dissolution was: 9/30/24

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

- Cover letter with contact name, address, phone number and e-mail address.
- Written/printed documentation to substantiate claim.

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

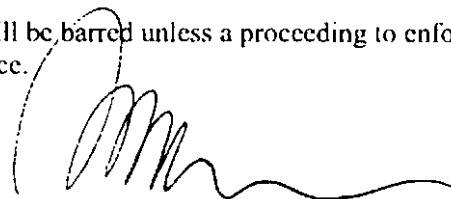
4851 Tamiami Tr. N.  
Suite 200  
Naples, FL  
34103

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CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

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.

Michael J. Schroeder

Printed Name of the Person Filing



Signature of the Person Filing