

113 000 112 371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

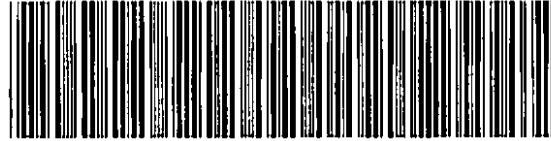
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/26/21--01017--022 **25.00

SECRET
TALLEY, J. S. SECRETARY

2021 OCT 26 AM 10:17

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C. BRUMBLEY
NOV - 5 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Artecity 510S, 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:

Linnea Slason

(Name of Person)

SCS Financial

(Firm/Company)

10 Memorial Boulevard, Suite 1003

(Address)

Providence, RI 02903

(City/State and Zip Code)

For further information concerning this matter, please call:

Linnea Slason

401

262-4600

at (_____) _____

(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

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

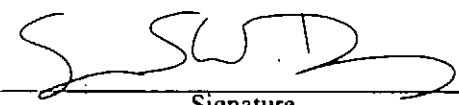
1. The name of a limited liability company is
Artecity 510S, LLC
2. The Articles of Organization were filed on 8/8/2013 and assigned
document number L13000112371
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 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).
ENTITY WILL NOT BE NEEDED - NO FURTHER BUSINESS WILL BE CONDUCTED IN FLORIDA.

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CLERK OF SUPERIOR COURT
STATE OF FLORIDA
TALLAHASSEE

FILED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Spencer S. W. Deering, Manager of Way FL Investments, LLC
- c/o SCS Financial, 10 Memorial Boulevard, Suite 1003, Providence, RI 02903

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

Spencer S. W. Deering

Printed Name

FILING FEE: \$25.00