L13000 121 350

| (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: |
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| |

Office Use Only



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2022 MAY -5 MAIL 23

COVER LETTER

| ,TO: | | istration Section ision of Corporations | | | | |
|---------|----------------|------------------------------------------------|--------------------|-------------------------------------------------------|-------------|--------------------|
| SUBJI | ECT; | Hanover Smoak, LLC | | | | |
| | | (Name of Limit | ed Liability Compa | ınyı | | |
| The en | ulosed | Articles of Dissolution and fee(s) are submit | ted for filing. | | | |
| Please | return | all correspondence concerning this matter to | the following: | | | |
| | | Andrew J. Orosz | | | | |
| | | (Nan | ne of Person) | | | |
| | | {Fin | n/Company) | | <u>_</u> | |
| | | 605 Commonwealth Avenue | | | | |
| | | (| Address) | | | :~: <u>3</u> |
| | | Orlando, Florida 32803 | | | | 1623 MAN-5 |
| | | (City/Sta | te and Zip Code) | | <u> </u> | PH-5 |
| For fur | ther is | formation concerning this matter, please call: | ; | | • • | |
| | Anc | rew J. Orosz | 407 | 988-1525 | 7 : | |
| | | (Name of Person) | | ode & Daytime Teleph | one Number) | (်) — ငာ |
| Enclose | ed is a c | theck for the following amount: | | | | |
| į | ≣ \$ 25 | 00 Filing Fee and Certificate of Dissolution | | g Fee, Certificate of Dis Copy (additional copy is | | |

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

| The name of a limited liabil Hanover Smoak, LLC | | ted liability compar | ıy | | |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|-------------------------------|------------------------|
| 2. The Articles of Organization | n were filed on $\frac{8}{2}$ | 3/27/2013 | and assig | gned | |
| document number <u>L1300</u> | 0121350 | | | | |
| 3. The delayed effective date to teffective Note: If the date inserted in the listed as the document's effective date. | date cannot be prior this block does not n | o or more than 90 days late neet the applicable statut | r than date document is r ory filing requirement | received for tosts, this date | filing) will not be |
| 4. A description of occurrence 605.0707, Florida Statutes, (The Company has completed the | copy 605.0707 on | back cover letter). | | ursuant to | section |
| and dissolution is therefore app | ropriate pursuant to | the Operating Agreemer | nt of the Company. | | |
| As of the date of dissolution, th | ere are no pending o | laims against the Compa | iny, nor any known | A SECTION | 103 J |
| facts or circumstances that are | reasonably likely to | result in a claim. | | | -NAV-0 |
| 5. If there are no members, entactivities and affairs: | ter the name and a Andrew J. Orosz | ddress of the person a | opointed to wind up | the compa | |
| | 605 Commonwea | lth Avenue | | | $\ddot{\omega}$ |
| | Orlando, Florida . | 32803 | | | |
| | | | | | |
| 6. Signature of an authorized pabove to wind up the company | person or if there a 's activities and at | re no members, the sig fairs: | gnature of the persor | appointed | I and lister |
| (ruhens) | rosz | Andrew J. Oros | sz. | | |
| Signature | 1 | · - | Printed Name | | |

FILING FEE: \$25.00

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: Hanover Smoak, LLC |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Document number of Limited Liability Company is: L13000121350 |
| Date of dissolution was: April 28, 2023 |
| Description of information that must be included in a written claim: |
| A detailed description of the claim, including the basis for the claimed liability of the Company, |
| together with reasonable backup information in support of the same. |
| |
| |
| |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| Andrew J. Orosz |
| 605 Commonwealth Avenue |
| Orlando, Florida 32803 |
| |
| |
| 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. |
| |
| Andrew J. Orosz (when from |
| Printed Name of the Person Filing Signature of the Person Filing |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00