

L13000/42868

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.  
Account Number : 120090000078  
Phone : (561)801-7312  
Fax Number : (561)515-3904

LLC DISSOLUTION OR WITHDRAWAL  
NAPLES PINE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

claim Disc

2021 MAY -7 PM 4:40  
STATE OF FLORIDA  
TALLAHASSEE

FILED

2021 APR -7 PM 4:09  
MAY

To: 15615153904 From: Restricted Date: 04/08/21 Time: 7:16 AM Page: 01  
850-617-6381 4/8/2021 10:16:45 AM PAGE 1/001 Fax Server



April 8, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NAPLES PINE LLC  
44 WEST FLAGLER ST  
SUITE 2300  
MIAMI, FL 33130US

SUBJECT: NAPLES PINE LLC  
REF: L13000142868

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Notice of Dissolution must contain a description of information that should be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H21000138685  
Letter Number: 021A00007283

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAPLES PINE 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:

Paul A. Krasker, Esq.

(Name of Person)

The Law Office of Paul A. Krasker, P.A.

(Firm/Company)

1615 Forum Place, 5th Floor

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Murphy Snowden

(Name of Person)

561

515-4722

at (

(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

FILED  
2021 MAY -7 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
NAPLES PINE LLC
2. The Articles of Organization were filed on October 9, 2013 and assigned  
document number L13000142868
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).  
The Company has distributed all of its assets.  
The Company has distributed all of its assets.  
The Company has distributed all of its assets.
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:

Laurent GRINDLER

Signature

LAURENT GRINDLER

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: NAPLES PINE LLC

Document number of Limited Liability Company is: L13000142863

Date of dissolution was: \_\_\_\_\_

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

Name, Address, phone number, nature of claim, claim amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

175 SW 7TH STREET

SUITE 1110/1111

MIAMI, FL 33130

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.

LAURENT GRINDLER

Printed Name of the Person Filing

Laurent GRINDLER

Signature of the Person Filing

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

FILED  
2021 MAY -7 PM 4:40  
STATE OF FLORIDA  
TALLAHASSEE