# 114000046966

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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### COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: 159 Bayview Ave, LLC				
Name of Limited Liabi	lity Company			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Christopher A. Roche Name of Person				
Firm/Company				
229 N. Collier Boulevard				
Address				
Marco Island El 34145				
Marco Island, FL 34145 City/State and Zip Code				
For further information concerning this matter, please call:				
<u>Christopher A. Roche</u> at (239 ) 389-0700				
	de Daytime Telephone Number			
Enclosed is a check for the following amount:				
[X] \$25.00 Filing Fee and Certificate of Dissolution				
[ ] \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division fo Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327			
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CAR

Tallahassee, Florida 32301

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is <u>152 Bayview, LLC</u> .		
2.	The Articles of Organization were filed on March 20, 2014 , and		
	assigned document number <u>L14000046966</u> .		
3.	The delayed effective date the dissolution if not effective date of filing: May 30, 2018 (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 record.		
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to Section 605.0707, Florida Statutes:		
	Pursuant to Section 605.0707(2) Florida Statutes the company has been dissolved at the direction of and with the consent of all the members.		
5.	If there are no members, enter the name and address of the person appointed to wind up this company's activities and affairs:		
	HE AY		
	SSE J SEE		
	Fo. B M		
	RA SP		
6.	Signature of 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 Printed Name		
	Christopher A. Roche		

FILING FEE: \$25.00

CAR

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#### NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company names below for resolution of payment of unknown claims against this limited liability company as provided in s.65.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional when filing a voluntary dissolution.

Name of Limited Liability Company: 152 Bayview Ave, LLC

Document number of limited liability Company is: <u>L14000046966</u>

Date of dissolution was: May 30, 2018

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

Person or entity making the claim.

Nature of the claim.

Monetary amount of the claim.

Telephone number, email address and mailing address of the claimant

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  $\mathbf{E}_{\mathcal{S}}$ 

Attn: Christopher A. Roche	LC: LC:
229 N. Collier Boulevard	HAY-
Marco Island, FL 34145	my a
	D:r -

A claim against the above limited liability company will be barred unless a proceeding to enforce the claim is commenced with 4 years after the filing of this notice.

<u>Christopher A. Roche</u> Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Article of Dissolution. If file separately \$25.00

CAR

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