

L14000057453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

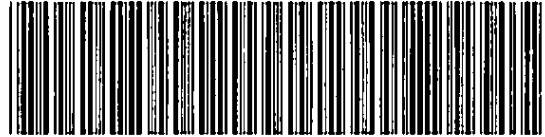
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/05/20--01013--013

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AND DIS.
w/notice

DEC 12 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ideal Properties Management, 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:

Jodi-Ann Wallace

(Name of Person)

Joseph C. Kempe

(Firm/Company)

941 N. Highway A1A

(Address)

Jupiter, FL 33477

(City/State and Zip Code)

For further information concerning this matter, please call:

Jodi-Ann Wallace

561

747-3700

(Name of Person)

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

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

1. The name of a limited liability company is
Ideal Properties Management, LLC
2. The Articles of Organization were filed on April 07, 2014 and assigned
document number L14000057453
3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-2020
(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 Members of the LLC have unanimously agreed to liquidate the LLC pro-rata

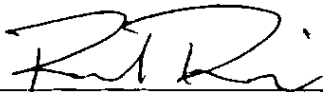
to the Members after payments of all debts and obligations.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Rick Rider

941 N. Highway A1A

Jupiter, FL 33477

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

Rick Rider, Manager

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: Ideal Properties Management LLC

Document number of Limited Liability Company is: L14000057453

Date of dissolution was: 12-31-2020

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

Claimant's Name, Amount of Claim, Basis, and the Origination date.

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

Joseph C. Kempe P.A.

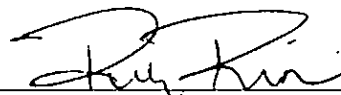
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Jupiter, FL 33477

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.

Rick Rider, Manager

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