

L14000089813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

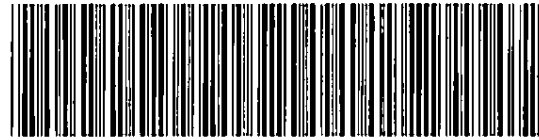
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Dissolution w notice

Office Use Only



200417975962

*Confirmed
10/18/23*

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2023 NOV -2 PM 3:50

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SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001
OFFICE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION

COST LIMIT : \$55.00

[Handwritten Signature]

ORDER DATE :

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

DOMESTIC FILINGS

NAME: Indian Creek #1, LLC

☒ XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ XX CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Indian Creek #1, 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:

Laurence S. Markowitz

(Name of Person)

Baker Hostetler LLP

(Firm/Company)

45 Rocketteller Plaza

(Address)

New York

(City/State and Zip Code)

For further information concerning this matter, please call:

Laurence S. Markowitz

(Name of Person)

646

734-0545

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

Indian Creek #1, LLC

2. The Articles of Organization were filed on June 4, 2014 and assigned

document number L14000089813

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 members and sole manager of the Company have elected to dissolve the Company and have consented to

such dissolution and are submitting to the Department for filing these Articles of Dissolution to effect

dissolution.

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

DocuSigned by:

LAURENCE STEPHEN MARKOWITZ

30A01GA221GD44E
Signature

Laurence S. Markowitz, 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: Indian Creek #1, LLC

Document number of Limited Liability Company is: L14000089813

Date of dissolution was: October 13, 2023

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

Name, address and contact information of claimant. Description and amount of claim and all information required to make a claim in the State of Florida.

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

Laurence S. Markowitz, Esq., Baker Hostetler LLP, 45 Rockefeller Plaza

Baker Hostetler LLP

45 Rockefeller Plaza

New York, New York 10111

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.

Laurence S. Markowitz, Manager

Printed Name of the Person Filing

DocuSigned by:

LAURENCE STEPHEN MARKOWITZ

Signature of the Person Filing

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2023 NOV 12 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FL