L14000130730

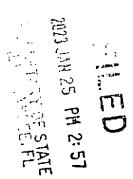
(Request	or's Name)	
(Address)	
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(City/Stat	e/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of St	atus
Special Instructions to Filing	Officer:	
Special Instructions to Filing	Officer:	

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Andre J. Patrone, Esq. *
Kenneth E. Kemp, II, Esq., LL.M.
ELIZABETH C. BENTLEY, Esq.
T. Brandon Mace, Esq.
Lauren C. Drasites, Esq.

* Admitted in Florida and Illinois

January 18, 2023

VIA CERTIFIED MAIL NO. 9314 8699 0430 0103 3536 87

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: A.D. Land Ventures, LLC

Dear Sir or Madam:

Enclosed please find the following documents:

- 1. Cover Letter; and
- 2. Articles of Dissolution for A.D. Land Ventures, LLC with the Notice of Limited Liability Company Dissolution for A.D. Land Ventures, LLC.

Also enclosed please find a check in the amount of \$25.00 representing the filing fee.

If you have any questions or require any additional information, please feel free to contact our office. Regards.

Very truly yours,

PATRONE, KEMP, BENYLEY & MACE, P.A.

Bv:

Kennyth II, Kemp. II

KEK/md enclosures

cc: Mr. and Mrs. DePardo (without enclosures)

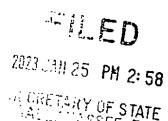
COVER LETTER

TO:

Registration Section

Divis	ion of Corporations				
SUBJECT:	A.D. LAND VENTURES, LLC				
	(Name of Limit	ed Liability Company)			
The enclosed A	Articles of Dissolution and fee(s) are submitted	ed for filing.			
Please return a	all correspondence concerning this matter to	the following:			
	Angelo G. DePardo				
	(Nan	ne of Person)	·		
	(Firm/Company)				
	9516 Mariners Cove Lane				
	(Address)				
	Fort Myers, Florida 33919				
	(City/Sta	te and Zip Code)	-		
For further infe	formation concerning this matter, please call:				
Ange	olo G. DePardo		64-2265		
	(Name of Person)	(Area Code &	Daytime Telephone Number)		
Enclosed is a ch	eck for the following amount:				
\$25.00	25.00 Filing Fee and Certificate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	Mailing Address: Street Address:				
	stration Section sion of Corporations	Registration Section Division of Corporations			
	Box 6327	The Centre of Tallahassee			
Talla	nhassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



١.	The name of a limited liability company is		OF CRETARY OF CTAT
	A.D, LAND VENTURES, LLC		CRETARY OF STAT
2.	The Articles of Organization were filed on $\frac{0}{2}$	8/20/2014	and assigned
	document number L14000130730		
3.	The delayed effective date the dissolution if the delayed effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the Delay	meet the applicable statutory fit	ling: 2 17 2023 late document is received for filing) ing requirements, this date will not be
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 or	he limited liability company` n back cover letter).	s dissolution pursuant to section
	Assets of the company were distributed to the met		er holds any assets.
5.	If there are no members, enter the name and a activities and affairs:	address of the person appoint	ed to wind up the company's
			
6. ab	Signature of an authorized person or if there above to wind up the company's activities and a	are no members, the signatur ffairs:	e of the person appointed and listed
/	malo Da Tudo	Angelo G. DePardo,	
/	Signature 2	Prii	nted 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:
Document number of Limited Liability Company is: L14000130730
Date of dissolution was:
Description of information that must be included in a written claim:
None unknown
123 J
27 V V V V V V V V V V V V V V V V V V V
E. S. S.
FATE 8
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
9516 Mariners Cove Lane
Fort Myers, Florida 33919
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.
Angelo G. DePardo
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