L14000138436

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only, only,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

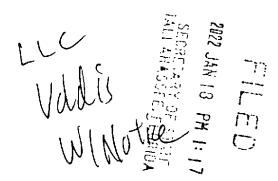
Office Use Only



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ALLAHASSEE, FLUKIO

NECTIVED



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D COMNEL!



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 **COGENCYGLOBAL.COM**

Account#: 120000000088 Date: __January 17, 2022 Name:_GREG PINTACUDA 1571850 Reference #: Entity Name: 4455 REALTY LLC Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger ✓ Dissolution/Withdrawal ☐ Fictitous Name ✓ Other _____ apon filling need certified copy Authorized Amount:

Signature:

LONDON ECSA 78A



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: January	17, 2022		Account#: 1200000000088
Name: GREG PII	NTACUDA		
Reference #:	1571850		
Entity Name:	4455 REA	LTY LLC	<u> </u>
Articles of Incorpo	oration/Authorizati	on to Transact Busine	SS
Amendment			
Change of Agent			
Reinstatement			
Conversion			
☐ Merger			
✓ Dissolution/Withd	rawal		
☐ Fictitous Name			
✓ Other	apon f	illing need certified co	ру
Authorized Amount:	\$55 Mo ()/		
Signature:	+8/J/E		

-1.212.947.7200

COVER LETTER

Divisio	on of Corporations		
SUBJECT:	4455	REALTY, LLC	
	(Name of Limited Liability Company)		
The enclosed A	rticles of Dissolution and fee(s) are submi	tted for filing.	
Please return all	correspondence concerning this matter to	the following:	
	Stefan	o D'Aniello	
(Name of Person)			
D'Aniello, PA			
	(Fir	m/Company)	-
7450 Southwest 116th Street			
	(Address)		
	Pinecrest, Florida 33156		
	(City/St	tte and Zip Code)	
For further information concerning this matter, please call:			
	Stefano D'Aniello	at (<u>646</u>)	715-8865
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a chec	k for the following amount:		
_ \$25.00 Filing Fee and Certificate of Dissolution X \$55.0 Cert		★ \$55.00 Filing Fee, Certification Certified Copy (addition) Certified Copy (addition) **The Company of the Copy (addition) **The Copy (addition) **Th	cate of Dissolution & al copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limite	· .	EALTY, LLC	
2. The Articles of Organ	nization were filed on	09/04/2014	and assigned
document number	L14000138436		
Note: If the date inser	e date the dissolution if not of effective date cannot be prior to or ted in this block does not meet 's effective date on the Departi	more than 90 days later than d the applicable statutory filin	ling: ate document is received for filing) ng requirements, this date will not b
4. A description of occu 605.0707. Florida Sta	urrence that resulted in the l tutes, (copy 605.0707 on ba	mited liability company's ck cover letter).	s dissolution pursuant to section
The consent of all	the members pursuant	to Section 605.0701(2	2) of the Florida Statutes
			-
5. If there are no member activities and affairs:	ers, enter the name and addr	ess of the person appointe	ed to wind up the company's
			SEC ALI
			
6. Signature of an autho listed above to wind up t	rized person or if there are the company's activities and	no members, the signature affairs:	of the person appointed and
	}		
		lván (Garófalo V.
Signature Printed Name		ted 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:	4455 REALTY, LLC
Document number of Limited Liability Company is:	L14000138436
Date of dissolution was:	
Description of information that must be included in a	n written claim:
A brief description of the nature of the claim, the amo	ount of the claim, and the date the claim was incurred.
Mailing address where claims can be sent: (Claims ca	annot be sent to the Division of Corporations)
Attention: Finan	ce & Legal
2135 NW 1st Avenue	Miami, FL 33127
with a copy to: Stefano D'	Aniello, D'Aniello PA
7450 Southwest 116th Stree	et, Pinecrest FL 33156

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.

Iván Garófalo V.

Printed Name of the Person Filing

Signature of the Person Filing