

LI4000 158 013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

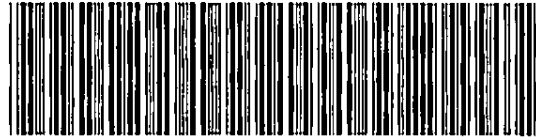
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 NOV 14 PM 12:35  
CLERK OF SUPERIOR COURT  
DIVISION OF COURT CLERK

12/23/19

DC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 828 25<sup>th</sup> Avenue 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:

August B. Cavaliere  
(Name of Person)

(Firm/Company)

4 OAKLAWN AVENUE  
(Address)

Glen Head, NY 11545  
(City/State and Zip Code)

For further information concerning this matter, please call:

August Cavaliere at ( 516 ) 941-7077  
(Name of Person) (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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2019 NOV 14 PM 12:35

1. The name of a limited liability company is

828 25<sup>th</sup> AVENUE LLC

2. The Articles of Organization were filed on 10/9/2014 and assigned

document number L14000158013

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).

No Longer own Property

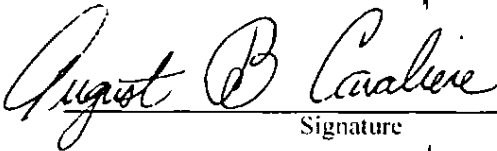
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

August B. Cavaliere

4 OAKLAWN AVENUE

Glen Head, NY 11545

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

August B. Cavaliere  
Printed Name

FILING FEE: \$25.00