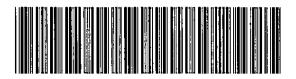
## L14000180336

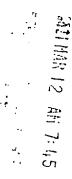
| (Requestor's Name)                      |                   |           |  |  |
|---|-------------------|-----------|--|--|
| (Address)                               |                   |           |  |  |
| (Ād                                     | idress)           |           |  |  |
| (Cit                                    | y/State/Zip/Phone | #)        |  |  |
| PICK-UP                                 | WAIT              | MAIL      |  |  |
| (Bu                                     | siness Entity Nam | ne)       |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |

Office Use Only



400361055554

03/12/21--01013--008 \*\*25.08



O SIMMONE MAY 21 2021

## **COVER LETTER**

| TO: Registration Section . Division of Corporations                       |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: 617 SE Atlantic Ave, LLC (Name of Limited Liability Company)     |  |  |  |  |
| (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: |  |  |  |  |
| Dawn Ris Ko (Name of Person)  |  |  |  |  |
| (Name of Person)  |  |  |  |  |
| (Firm/Company)  |  |  |  |  |
| ·   |  |  |  |  |
| 2845 Hancock Creck Rd   |  |  |  |  |
| West Palm Beach F 33411<br>(City/State and Zip Code)                      |  |  |  |  |
| (City/State and Zip Code)   |  |  |  |  |
| For further information concerning this matter, please call:              |  |  |  |  |
| Dawn Risko at (561, 386-8376 (Area Code & Daytime Telephone Number)       |  |  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)                   |  |  |  |  |
| Enclosed is a check for the following amount:                             |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liabil  | lity company is   |   | 3321 HAR 12 AM 7:45                  |
|--|---|---|--------------------------------------|
| 617 S  | E Atlantic A  | tre, LLC  |                                      |
| 2. The Articles of Organizatio   |   | •   | , · ·                                |
| document number <u>L14</u>   | 000180336   |   |                                      |
| Note: If the date inserted in t  | date cannot be prior to or more th                      | an 90 days later than (<br>plicable statutory fil | ling:                                |
| 4. A description of occurrence 605,0707, Florida Statutes, (                 | that resulted in the limited leopy 605.0707 on back cov | liability company<br>er letter).                  | s dissolution pursuant to section    |
| hous   | e sold  |   |                                      |
|  |   |   |                                      |
| <ol> <li>If there are no members, ent<br/>activities and affairs;</li> </ol> | er the name and address of t                            | the person appoint                                | ted to wind up the company's         |
|  | Dawn Ri.  | s Ko  |                                      |
|  | 2845 Hai  | ncock C   | reek Rd                              |
|  | West Pa   | In Beac   | h 12 33411                           |
| <ol> <li>Signature of an authorized pabove to wind up the company</li> </ol> | erson or if there are no mem's activities and affairs:  | bers, the signatur                                | e of the person appointed and listed |
| Jam Risks  |   |   | Risko                                |
| Signature  |   | Pris  | nted Name                            |

FILING FEE: \$25.00