## L1500013686

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#}
		MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



02/28/19--01008--012 \*\*25.00



03/08/19

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

1779 4th St S LLC SUBJECT:

(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:

## Anthony DelDuca

(Name of Person)

(Firm/Company)



(Name of Person)

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

1. The name of a limited liability company is 1779 4th St S LLC

2. The Articles of Organization were filed on  $\frac{01/22/2015}{2}$  and assigned

document number L15000013686

- 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 LLC no longer holds any assets and will no longer continue business operations.

	SECRETAL MILLANAS	APPRI AN FIL
<ol> <li>If there are no members, er activities and affairs:</li> </ol>	nter the name and address of the person appointed to wind up the company's	ED

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

Anthony DelDuca

Printed Name

FILING FEE: \$25.00