

W15000023069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

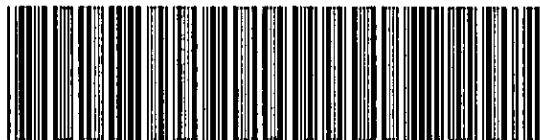
Special Instructions to Filing Officer:

Q. SILAS

APR 05 2022

3/30/22

Office Use Only



600382665856

03/08/22--01016--011 **25.00

FILED

2022 MAR 30 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 30 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FL

March 17, 2022

THOMAS A. SINELLI
970 CAPE MARCO DR. UNIT 707
MARCO ISLAND, FL 34145

SUBJECT: 905 OCEAN RESORT, LLC
Ref. Number: L15000023069

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 522A00006410

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 905 OCEAN RESORT 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:

Tom & Lola Sinelli
(Name of Person)

(Firm/Company)

970 CAPE MARCO DR. 707
(Address)

MARCO ISLAND, FLORIDA 34145
(City/State and Zip Code)

For further information concerning this matter, please call:

LOLA SINELLI at (248) 425-6665
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2022 MAR 30 PM 4: 34

1. The name of a limited liability company is

905 Ocean Resort ~~SECRETARY OF STATE~~
TALLAHASSEE, FL

2. The Articles of Organization were filed on 2/6/2015 and assigned

document number L 15000023069

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).

PROPERTY SOLD

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

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:

Lola Sinelli
Signature

Lola Sinelli
Printed Name

FILING FEE: \$25.00