

L15000061259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

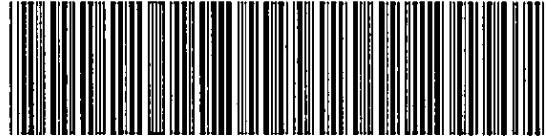
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/13/21

Office Use Only



400374358454

10/06/21--01015--026 **25.00

FILED
2021 OCT -6 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Isle Partners 2, 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:

Jennifer B. Gruber

(Name of Person)

Authorized Representative, Tropical Isle Partners 2, LLC

(Firm/Company)

11500 Isle of Palms Drive

(Address)

Fort Myers, Beach, FL 33931

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer B. Gruber

239

910-5874

at (_____) _____

(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

2021 OCT -6 PM 1:18

1. The name of a limited liability company is

Tropical Isle Partners 2, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

2. The Articles of Organization were filed on 10/27/2015 11/7/15 and assigned

document number L15000061259

3. The delayed effective date the dissolution if not effective on the date of filing: 9/30/2021

(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).

This LLC is a sole proprietor LLC which now has no members and which has not done business in over 120 days

This LLC is a sole proprietor LLC which now has no members and which has not done business in over 120 days

This LLC is a sole proprietor LLC which now has no members and which has not done business in over 120 days

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

Jennifer B. Gruber

11500 Isle of Palms Drive

Fort Myers Beach, FL 33931

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:

Jennifer B. Gruber
Signature

Jennifer B. Gruber
Printed Name

FILING FEE: \$25.00