## L15000070635

(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:			
APR 19 2023			

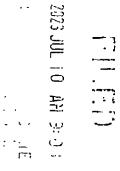
Office Use Only



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7/18/23 VIN

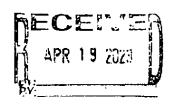


## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	HT REALTY GROUP LLC			
SUBJECT: _	(Name of Limit	ed Liability Company)		
The enclosed a	Articles of Dissolution and fee(s) are submit	ted for filing.		
Please return a	Il correspondence concerning this matter to	the following:		
	JEANNETTE SUMMERS			
	(Nat	ne of Person)		
	IHT REALTY GROUP			
	(Firm/Company)			
	601 MCKENZIE OAK LANE			
	(Address)			
	SAINT AUGUSTINE FLORIDA 32095			
	(City/Sta	ite and Zip Code)	<del></del>	
For further inf	ormation concerning this matter, please call	:		
JEA?	NNETTE SUMMERS	904-501-538 at ()	904 -501 - 5384 Daytime Telephone Number)	
<del></del>	(Name of Person)	(Area Code & l	Daytime Telephone Number)	
Enclosed is a ch	eck for the following amount:			
□ \$25.0	O Filing Fee and Certifi <u>cate of Dissolution</u>		Certificate of Dissolution & dditional copy is enclosed)	
Maili	ing Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		



Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	IHT REALTY GROUP LLC
2.	The Articles of Organization were filed on 04/18/2023 and assigned
	document number L15000070635
3.	The delayed effective date the dissolution if not effective on the date of filing: 04/25/2023  (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).
	OWNER RETIRED AND IS NO LONGER IN BUSINESS
	<del></del>
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  JEANNETTE SUMMERS 601 MCKENZIE OAK LANE ST. AUGUSTINE, FI
	: 23
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed sove to wind up the company's activities and affairs:
7	
A	Courte Summer JEANNETTE SUMMERS
J	Signature Printed Name 2 12

FILING FEE: \$25.00