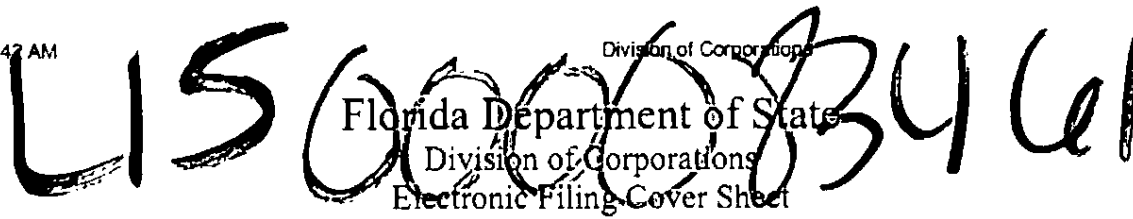
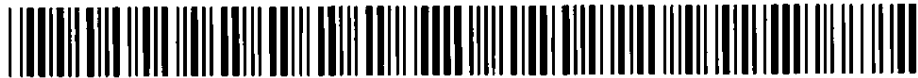


2/25/22, 10:42 AM



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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H220000734583ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BARBOSA LEGAL  
Account Number : I20110000049  
Phone : (305)501-4680  
Fax Number : (305)359-9543

**LLC DISSOLUTION OR WITHDRAWAL  
ICON BAY CQ, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

2022 FEB 25 PM 1:51

22 FEB 25 AM 8:09

FILED

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Corporate Filing Menu

Help

T. LEMIEUX

FEB 28 2022

(((H22000073458 3)))  
**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Icon Bay CQ, 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:

Ileana York

\_\_\_\_\_  
(Name of Person)

Barbosa Legal

\_\_\_\_\_  
(Firm/Company)

407 Lincoln Road PH-NE

\_\_\_\_\_  
(Address)

Miami Beach, FL 33139

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ileana York

\_\_\_\_\_  
(Name of Person)

305

501-4680

at (\_\_\_\_\_) \_\_\_\_\_

(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

(((H22000073458 3)))

(((H22000073458 3)))  
**ARTICLES OF DISSOLUTION  
 FOR  
 A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Icon Bay CQ, LLC

2. The Articles of Organization were filed on 05/12/2015 and assigned

document number L15000083461

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).

The members consent and approve the dissolution of the company.

The members consent and approve the dissolution of the company.

The members consent and approve the dissolution of the company.

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

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

Ileana York

Printed Name

**FILING FEE: \$25.00**

(((H22000073458 3)))

FILED  
 2 FEB 25 AM 10:07

(((H22000073458 3)))

**Notice of Limited Liability Company Dissolution****NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Icon Bay CQ, LLC

Document number of Limited Liability Company is: L15000083461

Date of dissolution was: 02/18/2022

Description of information that must be included in a written claim:

Claim must be in writing and state the name and contact information of the party making the claim and detailed allegations.

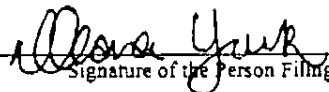
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Barbosa Legal, 407 Lincoln Road PH-NE, Miami Beach, FL 33139

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ileana York

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

(((H22000073458 3)))