

L15 0000 84174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

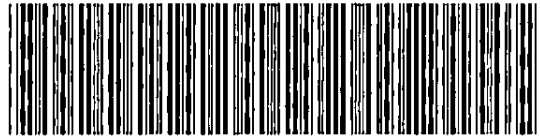
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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5/22/23
V:llr.

2023 MAR 29 AM 8:22
OFFICE OF STATE
CLERK, TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bates Group, 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:

Suzanne D. Meehle, Esq.

(Name of Person)

Meehle & Jay PA

(Firm/Company)

1215 E. Concord Steet

(Address)

Orlando, Florida 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne D. Meehle

(Name of Person)

407

792-0790

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Bates Group, LLC
2. The Articles of Organization were filed on May 12, 2015 and assigned
document number L15000084174
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).
Consent of all the members with Minutes authorizing Dissolution

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Eva M. Madison
1317 Edgewater Drive, Suite 4086
Orlando, FL 32804

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:

Eva Madison

ID 0eMQRppW6Bh4G0ZFw6z82h

Signature

Eva M. Madison

Printed Name

FILING FEE: \$25.00

2023 MAR 29 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: Bates Group, LLC

Document number of Limited Liability Company is: L15000084174

Date of dissolution was: _____

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

(a) name of claimant, or agent, that may be contacted concerning the claim; (b) address where claimant, or agent, may be contacted concerning the claim; (c) telephone number where claimant, or agent, may be contacted during normal business hours concerning the claim; (d) other means of contact, such as electronic mail, where claimant, or agent, may be contacted concerning the claim; (e) description and amount of the claim; (f) the date(s) the transaction or events giving rise to the claim; and (g) any other pertinent information and documentation concerning the claim.

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

1317 Edgewater Drive, Suite 4086

Orlando, FL 32804

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.

Eva M. Madison

Printed Name of the Person Filing

Eva Madison

Signature of the Person Filing

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