L15 000121367

(Requestor's Name)		
(Address)		
(Althorn)		
(Address)		
\		
(City/State/Zip/Phone #)		
☐ PICK-UP ☐ WAIT ☐ MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Gertified Copies Gertificates di Status		
Special Instructions to Filing Officer:		
ı		
Office Use Only		



200329413022

05/13/19--01019--005 **55.00

2019:117 13 AH 10: 08

AND 155

MAY 2 8 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Was Bell	la Vista LLC
	ited Liability Company)
1	
The enclosed Articles of Dissolution and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
Lau S	Voore
l (N	ame of Person)
N&S	Bella Vista LLC
(Fi	rm/Company)
(0513 Mor	ningside et
	(Address)
Schaub	WS IL 601. 73 tate and Zip Code)
(Chy/s	tate and Zip Code)
For further information concerning this matter, please cal	1:
New Stano	at (847) 977 OYZ
(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:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	141141143366, 112 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	
	110 S BUY	LA VISTA LLC
2.	The Articles of Organization were filed on	214 17 2015 and assigned
	document number <u>L15000</u>	
3.	The delayed effective date the dissolution if not (effective date cannot be prior to o Note: If the date inserted in this block does not mee listed as the document's effective date on the Depart	effective on the date of filing: 430 (9) r more than 90 days later than date document is received for filing) t the applicable statutory filing requirements, this date will not be ment of State's records.
4.	605.0707. Florida Statutes, (copy 603.0707 on o	
	Carrot affore	<u> </u>
		AH 10:
5.	If there are no members, enter the name and add	ress of the person appointed to wind up the company's
	activities and affairs:	Sioane Manager Moule
		Mornings, de ct
	Scha	mbrs 2L 60173
		A second and and
6. lis	Signature of an authorized person or if there are sted above to wind up the company's activities an	no members, the signature of the person appointed and d affairs:
	Signature)	Nell Slower

FILING FEE: \$25.00