Division of Corporations Electronic Filing Cover Sheet

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(((H21000283806 3)))



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Division of Corporations

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## LLC DISSOLUTION OR WITHDRAWAL 617 CALLAHAN STREET, LLC

Certificate of Status	0
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Page Count	02
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To:

(((H21000283806 3)))

Fax: (850) 617-6383

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil	ity company is			
2.	The Articles of Organizatio	n were filed on(	October 27, 2015	and assigned	
	document numberL15000	182374			
3.		date cannot be prior this block does not r	to or more than 90 days later th neet the applicable statutory	f filing:  an date document is received for filing) filing requirements, this date will no	t be
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in th copy 605.0707 on	ne limited liability compar back cover letter).	ny's dissolution pursuant to section	a
	Consent of the sole Memb	er			
5.	If there are no members, en activities and affairs:	ter the name and a David A. Goldma	• • • • • • • • • • • • • • • • • • • •	pinted to wind up the company's	
		428 Raccoon Stre	eet	121 J	
		Lake Mary, FL 3	32745	126 PK	E11-E13
6. ab	Signature of an authorized pove to wind up the company	person or if there a 's activities and af	are no members, the signa	ture of the person appointed and h	sted
	Parla Felden		David A. Goldma		
	' \ Signature			Printed Name	

FILING FEE: \$25.00

Ta:

(((H210002838063)))

## 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: 617 Callahan S	Street, LLC	
Document number of Limited Liability Company is	L15000182374	
Date of dissolution was:Upon filing		
Description of information that must be included in	a written claim:	
Name of Claimant:		
Address of Claimant:		
Amount of Claim:		
Basis of Claim:	27/4	
	22 22 22 22 22 22 22 22 22 22 22 22 22	
Mailing address where claims can be sent: (Claims David A. Goldman		FILED
428 Raccoon Street		
Lake Mary, FL 32745		
A claim against the above named limited liability of claim is commenced within 4 years after the filing of		ce the
David A. Goldman	Dend a Jalon	
Printed Name of the Person Filing	:/ Signature of the Person Filing	