Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

: (850)617-6383 Fax Number

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Phone : (407)423-1831 Fax Number

LLC DISSOLUTION OR WITHDRAWAL 720 CALLAHAN STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

JUL 27 2021

A. LUNT

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Corporate Filing Menu

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07/26/2021 11:36 AM

To:

Fax: (850) 617-6383

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabilit 720 Callahan Street, LLC	y company is			
2.	The Articles of Organization	were filed on Octob	er 27, 2015	and assigned	JIVIC V
	document numberL1500018	32377		21 JUL	
	. 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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).					_m 28
	Consent of the sole Membe	:r			
5.	If there are no members, ente	er the name and addre David A. Goldman	ss of the person appo	inted to wind up the company's	
	428 Raccoon Street				
	Lake Mary, FL 32745				
6 a	. Signature of an authorized p bove to wind up the company	erson or if there are n's activities and affair	o members, the signal s:	ture of the person appointed and	listed
Day Bladna		David A. Goldman			
Signature		i	Printed Name		

FILING FEE: \$25.00

To:

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

From: Leslie Perryman

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:	
Document number of Limited Liability Company is: L15000	182377
Date of dissolution was:	21
Description of information that must be included in a written	21 JUL 26 A
Name of Claimant:	
Address of Claimant:	æ
Amount of Claim:	28
Basis of Claim:	
Mailing address where claims can be sent: (Claims cannot be David A. Goldman 428 Raccoon Street	e sent to the Division of Corporations)
Lake Mary, FL 32745	
A claim against the above named limited liability company version is commenced within 4 years after the filing of this not payed A. Goldman	will be barred unless a proceeding to enforce the tice.
Printed Name of the Person Filing	Signature of the Person Filing