L1600001794/

| (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



100415712081

09/15/23--01027--002 **25.00





October 2, 2023

RICHARDSON COLE 1093 ARBOR LANE JACKSONVILLE, FL 32207

SUBJECT: VILANO PROPERTY MANAGEMENT LLC

Ref. Number: L16000017941

We have received your document for VILANO PROPERTY MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to voluntary dissolve the LLC you must complete the enclosed form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 323A00022724

Tammi Cline Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: VILANO PROFE. (Name | RTY MANAGEMENT, LLC |
| (Name | of Limited Liability Company) |
| The enclosed Articles of Dissolution and fee(s) ar Please return all correspondence concerning this r | |
| | 28 |
| RUHARASON C | le |
| | (Name of Person) |
| | NA |
| | (Firm/Company) |
| 1093 ARBO | C LANE (Address) |
| | (Address) |
| Jack Sonville | FL 32207 |
| | (City/State and Zip Code) |
| For further information concerning this matter, ple | ease call: |
| RICHARDSON Cole (Name of Person) | at (904) 993-1491 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee and Certificate of Dissolut | ion S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited I | iability company is PROPERTY M. | ANAGEMENT | , LLC | · |
|---|--|---|--|---------------------------|
| | ation were filed on/_ | | | |
| document number | 16000017941 | _ | | |
| Note: If the date inserted | ate the dissolution if not effective date cannot be prior to or med in this block does not meet the effective date on the Departme | ie applicable statutory ti | iling: <u>9-13-23</u> date document is received fo ling requirements, this dat | r filmg) e will not be |
| 4. A description of occurre 605.0707, Florida Statut | ence that resulted in the limites. (copy 605.0707 on back | ted liability company cover letter). | 's dissolution pursuant t | o section |
| No 101 | uger in busines | 5 - 50LD Com | marcial proper | 274 |
| | ii din ara | | | |
| | | | | 2023 (|
| | | | | ် |
| 5. If there are no members activities and affairs: | enter the name and addres | | ited to wind up the comp | pany's |
| | 1093 Ac. | BOL LANE | | ار: در، سا |
| | Ja alson vi | 1/e, pt 328 | ?-o-) | |
| | | | | |
| 6. Signature of an authoriz above to wind up the comp | zed person or if there are no sany's activities and affairs: | members, the signatu | re of the person appoint | ed and listed |
| alle | | Rugari | sw (oie | |
| Signatu | re | Pr | inted Name | |

FILING FEE: \$25.00

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: VILANO PROPERTY MANAGEMENTI | LC |
|--|-------------|
| Document number of Limited Liability Company is: \(\begin{align*} \lambda 1600001794 \end{align*} \) | |
| Date of dissolution was: $9-13-23$ | |
| Description of information that must be included in a written claim: | |
| No longER providing REAL ESTATE / Property | |
| NO LONGER PROJECTLY REAL ESTATE PROPERTY HAS BEEN SOLD | |
| | |
| | 2025 (|
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) | ٠ دن |
| RUHARDSON COLE 1093 ARBOR LAME | , . |
| 1093 ARBOR LANE | ىن 1 |
| Smille, FL 32207 | |
| | |
| A claim against the above named limited liability company will be barred unless a proceeding to end claim is commenced within 4 years after the filing of this notice. | nforce the |
| RICHARDSON COLE | |
| 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