

**4600035643**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MORRIS A. LECOMPTE, P.A.  
Account Number : 072100000461  
Phone : (727) 896-1000  
Fax Number : (727) 896-1009

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**LLC DISSOLUTION OR WITHDRAWAL  
BELLEAIR BLUFFS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Belleair Bluffs, 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:

Morris A. LeCompte

(Name of Person)

Morris A. LeCompte, P.A.

(Firm/Company)

5245 Central Ave.

(Address)

St. Petersburg, FL 33710

(City/State and Zip Code)

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For further information concerning this matter, please call:

Morris A. LeCompte

(Name of Person)

at (

727 896-1000

(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is

Belleair Bluffs, LLC

2. The Articles of Organization were filed on 2/19/2016 and assigned

document number L16000035643

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 members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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:

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Joseph C. White, Manager

\_\_\_\_\_  
Printed Name

FILING FEE: \$25.00

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**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: Belleair Bluffs, LLC

Document number of Limited Liability Company is: L16000035643

Date of dissolution was: 4/5/17

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

See notice requirements attached hereto and  
incorporated herein by this reference.

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

Belleair Bluffs, LLC

c/o Morris A. LeCompte, P.A.

5245 Central Ave.

St. Petersburg, FL 33710

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.

Joseph C. White, Manager

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

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**NOTICE REQUIREMENTS****(Attachment to Notice of Limited Liability Company Dissolution)**

1. Provide the name, mailing address, and telephone number of the claimant and the claimant's account number, if any.
2. Provide the legal theory upon which claimant seeks recovery, e.g., breach of contract, tort, etc.
3. State all relevant facts that support the claim.
4. If the claim involves personal injury or property damage:
  - (a) State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, provide the beginning date and the most recent date it occurred.
  - (b) Describe the specific damage or injury that you believe resulted from the incident.
  - (c) Explain the circumstances that led to the damage or injury.
  - (d) Provide the total dollar amount being claimed. If claimant believes the damages are continuing, or anticipated in the future, provide the basis for such belief.
  - (e) Explain why the claimant believes the company is responsible for the damage or injury.
5. Provide true and complete copies of all relevant documents that form the basis of such claim, and if not available, provide an explanation. If the claim involves goods sold, services performed, money loaned or other commercial transaction, provide true and complete copies of any promissory note, purchase order, invoice, itemized statements of running accounts, court judgments, mortgages, security agreements, evidence of lien perfection, and other documents and instruments forming the basis of such claim.
6. Specify whether or not the claimant has made a claim against anyone else in connection with any matter related to the incident giving rise to this claim, and provide the names and addresses of all persons and insurance companies against whom claimant has made such claims.
7. Specify whether any of the claimed damages, losses, expenses or other amounts claims are covered by any policy of insurance. For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.
8. State whether or not claimant received or agreed to receive any money from anyone for the damages claimed in the claimant's notice. If so, provide complete details.

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