

3/2/22, 2:39 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : CUMMINGS & LOCKWOOD, LLC  
Account Number : 102336001100  
Phone : (239)649-3101  
Fax Number : (239)430-3344

**LLC DISSOLUTION OR WITHDRAWAL  
SOMERFORD COURT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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K. SALLY

MAR - 3 2022

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOMERFORD COURT LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonie S. Montalvo

(Name of Person)

Cummings & Lockwood LLC

(Firm/Company)

8000 Health Center Blvd, Suite 300

(Address)

Bonita Springs, FL 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

Bonie S. Montalvo

239

390-80061

(Name of Person)

at ( )

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**  
2022 MAR -2 PM 4:44  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
SOMERFORD COURT LLC
2. The Articles of Organization were filed on 03/29/2016 and assigned  
document number L16000061767
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).  
The sole member of the LLC has authorized the dissolution of the LLC.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Bonie Montalvo, Authorized Person  
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: SOMERFORD COURT LLCDocument number of Limited Liability Company is: L16000061767Date of dissolution was: when filed

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

All claims must identify (1) the name and address of the claimant; (2) the amount and nature of the claim;

(3) the basis for the claim; (4) the date on which the claim arose; (5) copies of any pertinent document(s); and

(6) all other information material to the claim.

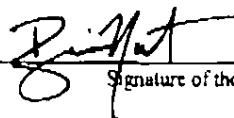
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Cummings & Lockwood LLC8000 Health Center Blvd., Suite 300Bonita Springs, FL 34135Attn: Mary Beth Crawford

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.

Bonnie Montalvo, Authorized Person

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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2022 MAR -2 PM 4:44  
TALLAHASSEE, FLORIDA