

L16000098495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

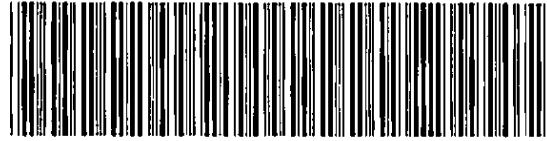
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400387924004

05/19/22--01028--002 **25.00

RECEIVED
2022 MAY 19 PM 3:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2022 MAY 19 AM 8:53
TALLAHASSEE, FL

5/20/2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bond1407 LLC

Signature _____

Requested by: SETH

05/18/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOND1407 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:

ALEX D. SIRULNIK

(Name of Person)

ALEX D. SIRULNIK, P.A.

(Firm/Company)

2199 PONCE DE LEON BOULEVARD, SUITE 301

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX D. SIRULNIK

(Name of Person)

305

at (_____) _____

443-7211

(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

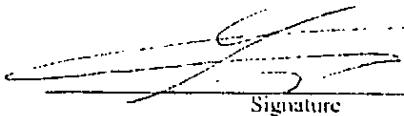
FILED

2022 MAY 19 AM 8:53

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

SECTION 605.0707, FLA. STAT.
TALLAHASSEE, FL

1. The name of a limited liability company is
ROND1407 LLC
2. The Articles of Organization were filed on 05/19/2016 and assigned
document number L16000098495
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 OF THE MEMBERS TO DISSOLVE THE LIMITED LIABILITY COMPANY
CONSENT OF ALL OF THE MEMBERS TO DISSOLVE THE LIMITED LIABILITY COMPANY
CONSENT OF ALL OF THE MEMBERS TO DISSOLVE THE LIMITED LIABILITY COMPANY
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: EDUARDO PAZ
2199 PONCE DE LEON BOULEVARD, SUITE 301
CORAL GABLES, FL 33134
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

EDUARDO PAZ

Printed Name

FILING FEE: \$25.00