

L16 000 172 348

YUN

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

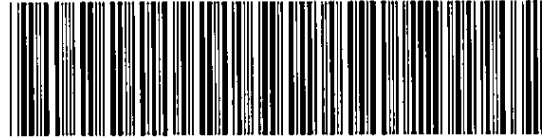
(Document Number)

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Office Use Only



600420974146

2023 DEC 27 PM 3:05

RECEIVED  
2023 DEC 27 PM 3:00  
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 12/27/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1216931

**ORDER ENTITY**  
IMPERIAL FLORIDA LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**IMPERIAL FLORIDA LLC (FL)**

File the attached dissolution document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Imperial Florida 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:

Cynthia M. Duntz

\_\_\_\_\_  
(Name of Person)

Holland & Knight LLP

\_\_\_\_\_  
(Firm/Company)

150 N. Riverside Plaza, Ste. 2700

\_\_\_\_\_  
(Address)

Chicago, IL 60606

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia M. Duntz

\_\_\_\_\_  
(Name of Person)

312

422-9021

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

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

1. The name of a limited liability company is  
Imperial Florida LLC
2. The Articles of Organization were filed on 09/14/2016 and assigned  
document number L16000172348
3. The delayed effective date the dissolution if not effective on the date of filing: as of 11:59:59 p.m. Eastern Time on 12/31/2023.

**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 the sole member 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

DocuSigned by

Paul M. Cervino

03540701-4873400

Signature

Paul M. Cervino

Printed Name

**FILING FEE: \$25.00**