

L16 000180451

(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



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09/27/21--01010--019 \*\*25.00

FILED  
2021 SEP 27 PM 1:21  
CLERK OF STATE  
TALLAHASSEE, FL

11/04/2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Hanover Sorrento Springs, LLC, a Florida limited liability company

**SUBJECT:** \_\_\_\_\_  
(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:

Andrew J. Orosz

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

Hanover Family Builders, LLC

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

605 Commonwealth Avenue

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

Orlando, Florida 32803

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

For further information concerning this matter, please call:

Andrew Orosz

407

988-1403

\_\_\_\_\_  
(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

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

1. The name of a limited liability company is  
Hanover Sorrento Springs, LLC

2. The Articles of Organization were filed on 9-27-2016 and assigned  
document number 116000180451

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 company has completed its business objectives and has disposed of all assets in accordance with the terms of its Operating Agreement

\_\_\_\_\_

The company has completed its business objectives and has disposed of all assets in accordance with the terms of its Operating Agreement

\_\_\_\_\_

The company has completed its business objectives and has disposed of all assets in accordance with the terms of its Operating Agreement

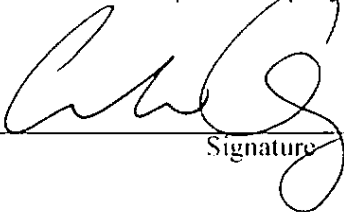
See attached supplement.

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

605 Commonwealth Avenue

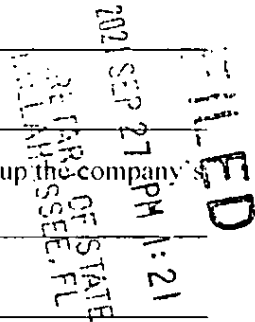
Orlando, Florida 32803

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

Andrew Orosz  
Printed 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.

Hanover Sorrento Springs, LLC

Name of Limited Liability Company: \_\_\_\_\_

LL16000180451

Document number of Limited Liability Company is: \_\_\_\_\_

September 22, 2021

Date of dissolution was: \_\_\_\_\_

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

A detailed description of the claim, together with evidence reasonably supporting the same.

A written description regarding the claimed liability of the company.

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

Andrew Orosz

605 COMMONWEALTH AVENUE

Orlando, Florida 32803

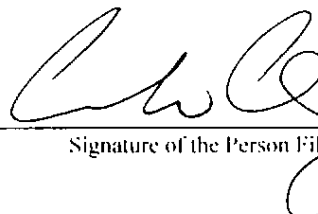
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Andrew Orosz

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**

Supplement to Item 4 – Explanation of Dissolution Pursuant to Section 605.0707

The company has completed its business objectives and has disposed of all assets in accordance with the terms of its Operating Agreement. The company has no residual cash or assets, and has no known liabilities and/or creditors. The company has not received as of the date of dissolution of any notice of pending or threatened liability, nor is the company aware of any present facts or circumstances (as of the date of dissolution) that are reasonably likely to result in any claim of liability.