# L16 000 184 689

(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:





900407794409

2023 MAY-5 MATE

### **COVER LETTER**

:

**\$**.

TO:

Registration Section
Division of Corporations

SUBJECT: Hanover Lakes, LLC				
	d Liability Comp	any)		
The enclosed Articles of Dissolution and fee(s) are submitt	ed for tiling.			
Please return all correspondence concerning this matter to	the following:			
Andrew J. Orosz				
(Nan	e of Person)			
<del> </del>				
(Fim 605 Commonwealth Avenue	n/Company)		~1	
Orlando, Florida 32803	Address)		55 G T T T	
(City/Stal	te and Zip Code)			
For further information concerning this matter, please call:				
Andrew J. Orosz	407	988-1525	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(Name of Person)	at ( (Area)	) Code & Daytime Telephon	ie Number)	
Enclosed is a check for the following amount:				
■ \$25.00 Filing Fee and Certificate of Dissolution		ng Fee. Certificate of Disso Copy (additional copy is e		
Mailing Address:	Street Addre	<u>ss:</u>		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Hanover Lakes, LLC	. , ,	ability company		<u>_</u> .
. The Articles of Organizatio	n were filed on10/4	/2016	_ and assigned	
document numberL1600	00184689			
	date cannot be prior to or n this block does not meet t	nore than 90 days later than date d the applicable statutory filing r	locument is received for filin	
. A description of occurrence 605.0707, Florida Statutes, (	that resulted in the lin copy 605.0707 on back	nited liability company's dis k cover letter).	solution pursuant to sec	:tion ≥:
The Company has completed the			ned.	<u> </u>
and dissolution is therefore app	propriate pursuant to the C	Operating Agreement of the Co	ompany.	<b>外</b>
As of the date of dissolution, th	ere are no pending claim.	s against the Company, nor any	y known	₩.
facts or circumstances that are	reasonably likely to resul	t in a claim.	* ;	를 83
. If there are no members, en activities and affairs:	ter the name and addre Andrew J. Orosz	ss of the person appointed to	o wind up the company	`s
	605 Commonwealth A	venue		
	Orlando, Florida 3280.	3		
o. Signature of an authorized pove to wind up the company	person or if there are no	o members, the signature of	the person appointed ar	— nd list
Cuchen O	rosz	Andrew J. Orosz		
Signature		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.

Name of Limited Liability Company: Hanover Lakes, LLC	
Document number of Limited Liability Company is: L16000184689	
Date of dissolution was: April 28, 2023	
Description of information that must be included in a written claim:	
A detailed description of the claim, including the basis for the claimed liability of the Company,	2027 Set
together with reasonable backup information in support of the same.	- 17. <b>→</b>
	i ii
	7 FO
Andrew J. Orosz	
605 Commonwealth Avenue	_
Orlando, Florida 32803	<del>-</del>
	_
A claim against the above named limited liability company will be barred unless a proceed claim is commenced within 4 years after the filing of this notice.	eding to enforce th
Andrew J. Orosz	hon
Printed Name of the Person Filing Signature of the Per	son Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00