

L16000125019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

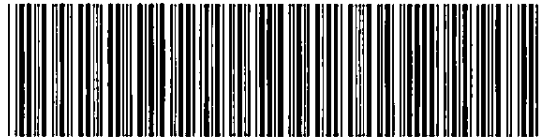
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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04/23/24 - 01025 - 000 * 25.00

2024 APR 22 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

HANOVER SUNRISE, 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)

(Firm/Company)

605 Commonwealth Avenue

(Address)

Orlando, Florida 32803

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Andrew J. Orosz

407

988-1403

at (_____) _____

(Name of Person)

(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 SUNRISE, LLC, a Florida limited liability company
2. The Articles of Organization were filed on October 5, 2016 and assigned
document number L16000185019
3. The delayed effective date the dissolution if not effective on the date of filing: 04/17/2024
(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 business purpose for which the company was formed has concluded. Wind down and dissolution is therefore

appropriate pursuant to the Operating Agreement of the Company. The company has no assets and no known liabilities.

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 J. 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 J. Orosz

Printed Name

FILING FEE: \$25.00

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SECRET
TALL

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 Sunrise, LLC

Name of Limited Liability Company: _____

L16000185019

Document number of Limited Liability Company is: _____

04/17/2024

Date of dissolution was: _____

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

Detailed description of the alleged claim, together with reasonable backup materials in support of the same.

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

Attn: Andrew Orosz

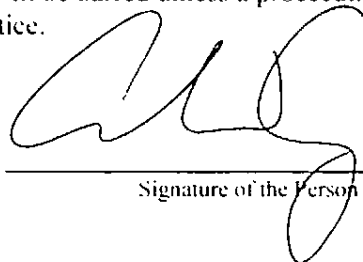
605 Commonwealth Avenue

Orlando, Florida 32803

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 J. 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

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SECRETARY OF STATE
TALLAHASSEE, FL