

L16 000 228 904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

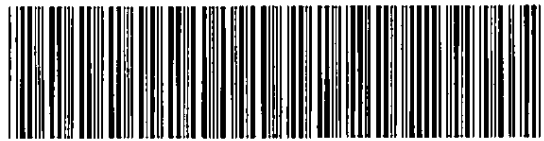
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000406267070

000406267070 *000000

6/17/23
Vllc

FILED
2023 APR 12 AM 8:48
STATE
MISSISSIPPI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 907 Parc Somerset, 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:

Pavla Bortlik

(Name of Person)

Artery Capital Group LLC

(Firm/Company)

7201 Wisconsin Ave., Suite 600

(Address)

Bethesda, MD 20814

(City/State and Zip Code)

For further information concerning this matter, please call:

Pavla Bortlik

(Name of Person)

301 961-8232

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
907 PARC SOMERSET, LLC

2. The Articles of Organization were filed on December 19, 2016 and assigned
document number L16000228904

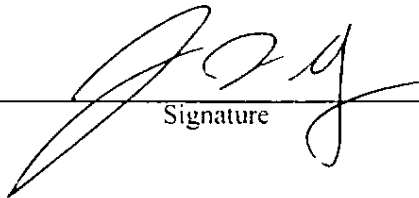
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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).

Sale of all assets

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:


Signature

James L. Keef

Printed Name

FILING FEE: \$25.00

FILED
2023 APR 12 AM 8:48
SECRET
DEPT. OF STATE