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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : IVAN & DAUGUSTINIS, PLLC
Account Number : I20180000057
Phone : (904)395-2395
Fax Number : (904)475-2121

2024 OCT 29 AM 9:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

C11 ED

**LLC DISSOLUTION OR WITHDRAWAL
THE URBAN CONCERN, L.L.C.**

Certificate of Status	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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T. LEMIEUX

OCT 30 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE URBAN CONCERN, 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:

SANDRA POWERS

(Name of Person)

(Firm/Company)

419 SEASPRAY AVENUE

(Address)

PALM BEACH FL 33840

(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA POWERS

(Name of Person)

at (347) 882-2814
(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

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

1. The name of a limited liability company is
THE URBAN CONCERN, LLC

2. The Articles of Organization were filed on 01-03/2017 and assigned
 document number 1.17000001277

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).
DEATH OF SOLE MEMBER

5. If there are no members, enter the name and address of the person appointed to wind up the company's
 activities and affairs: SANDRA POWERS, AS PERSONAL REPRESENTATIVE OF THE

ESTATE OF BRADFORD WINSTON

419 Seaspray Ave.

Palm Beach FL 33840

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:

Sandra Powers

Signature

SANDRA POWERS

Printed Name

FILING FEE: \$25.00

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 FILED

FILED

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