

L170000 10033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

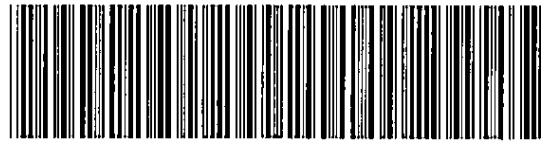
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200331380562

07/01/19--01021--016 **25.00

FILED

19 JUL -1 AM 7:08

FILED IN 10033

JUL 13 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 823 First Street 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:

Jonathan M. Smith, Esq

(Name of Person)

Duss, Kenney, Safer, Hampton & Joos, PA

(Firm/Company)

434 Southpoint Blvd., Suite 101

(Address)

Jacksonville, FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan M. Smith

(Name of Person)

at 904 543-4300

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
19 JUL -1 AM 7:08
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

823 First Street LLC

2. The Articles of Organization were filed on January 12, 2017 and assigned

document number L17000010033

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).

Consent of 100% of member, Florida Statute SEc. 605-0701(2)

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:

Karen Lawson Mgr
Signature

Karen Lawson

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: 823 First Street LLC

Document number of Limited Liability Company is: L17000010033

Date of dissolution was: _____

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

Name, Address and Phone Number of claimant

Nature of the claim

Date taht debt or claim arose against LLC

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

4348 Southpoint Blvd., Suite 101

Jacksonville, FL 32216

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.

Karen Lawson

Printed Name of the Person Filing

Karen Lawson

Signature of the Person Filing