

U700019969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

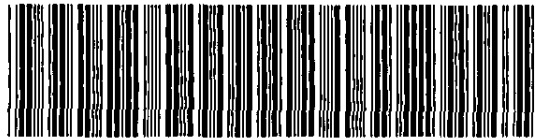
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/21/18--01017--004 \*\*25.00

FILED

18 FEB 21 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

FEB 22 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1273 SAINT CLAIR 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:

GLORIA COLELLA

(Name of Person)

(Firm/Company)

2701 WEST ROAD

(Address)

FT MYERS, FL., 33905

(City/State and Zip Code)

For further information concerning this matter, please call:

GLORIA COLELLA

(Name of Person)

at 239 690-0051

(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**  
**18 FEB 21 PM 12:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
1273 SAINT CLAIR LLC

2. The Articles of Organization were filed on January 25, 2017 and assigned  
document number L17000019969

3. The delayed effective date the dissolution if not effective on the date of filing: 4/15/2018  
(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).

Due to the illness of the owner business was not transacted under this LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Gloria Colella

2701 West Rd., Ft Myers, FL 33905

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

Gloria Colella

Printed Name

**FILING FEE: \$25.00**