

L170000 94095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

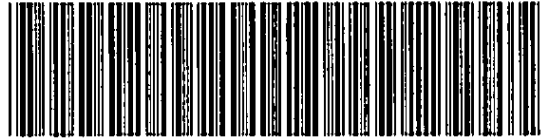
(Business Entity Name)

(Document Number)

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

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2022 NOV 17 AM 7:17  
TEST OF

A. BUTLER

FEB - 3 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Toucan T19, 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:

William C Lloyd

\_\_\_\_\_  
(Name of Person)

Toucan T19, LLC

\_\_\_\_\_  
(Firm/Company)

147 2nd Ave S, Ste 400

\_\_\_\_\_  
(Address)

St Petersburg, FL 33701

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Thompson

\_\_\_\_\_  
(Name of Person)

727

895-2150

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**

2022 NOV 17 AM 7:17  
FILE

1. The name of a limited liability company is

Toucan T19, LLC

2. The Articles of Organization were filed on 04/27/2017 and assigned

document number L17000094095

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)

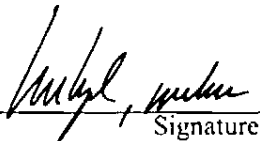
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Unanimous Consent of all Members

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

William C Lloyd

Printed Name

**FILING FEE: \$25.00**