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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

BELLA VILLA PROPERTIES, 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:

JOSEPH A. SERRONE

(Name of Person)

BELLA VILLA PROPERTIES, LLC

(Firm/Company)

437 OGELTHORPE DRIVE

(Address)

DAVENPORT FL 33897

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH A. SERRONE

,7U4

9473178

(Name of Person)

(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

1.	The name of a limited liability company is BELLA VILLA PROPERTIES, LLC			
2.	The Articles of Organization	were filed on 07/25/2017	and assigned	
	document number L17000159	005		
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 to 605.0707. Florida Statutes, (co	nat resulted in the limited liability compan opy 605.0707 on back cover letter).	y's dissolution pursuant to section	
	The sole member of BELLA VII	LA PROPERTIES, LLC hereby consent to the	e dissolution	
	of BELLA VILLA PROPERTIE	S, LLC		
5.	If there are no members, ente activities and affairs:	the name and address of the person appoi	inted to wind up the company's	
			<u>,</u>	
			o O	
6. lis	Signature of an authorized pested above to wind up the comp	rson or if there are no members, the signate bany's activities and affairs:	ure of the person appointed and	
	July Sem	JOSEPH A. SERR		
Signature Printed Name		rinted Name		

FILING FEE: \$25.00