

L17000 207169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

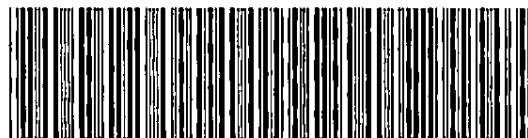
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600324698056

02/15/19--01021--009 \*\*25.00

2019 FEB 15 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 20 2019  
C McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LE PETIT CHATEAU TN LLC  
(Name of Limited Liability Company)

2002 FEB 15 PM 4:11  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAVERIO MALESARDI

(Name of Person)

LE PETIT CHATEAU TN LLC

(Firm/Company)

320 85TH ST APT 15

(Address)

MIAMI BEACH FL 33141-4891

(City/State and Zip Code)

For further information concerning this matter, please call:

SAVERIO MALESARDI at ( 786 ) 487-6488

(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**

2019 FEB 15 PM 4:41  
CLERK OF THE COURT  
HALL COUNTY, FLORIDA

1. The name of a limited liability company is  
LE PETIT CHATEAU TN LLC

2. The Articles of Organization were filed on 10/06/2017 and assigned  
document number L17000207169

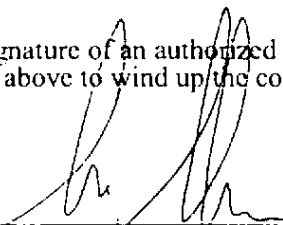
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, 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).

Not needed anymore

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

SAVERIO MALESARDI

Printed Name

**FILING FEE: \$25.00**