L17 000 217 609

(Req	uestor's Name)	
(Addı	ess)	
(Addı	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
O-48-4 O-1	C-4:6:1-	f CA-A
Certified Copies	Centificates	s of Status
<u></u>		
Special Instructions to Fi	ling Officer:	

Office Use Only



400441219334

12/19/24--01024--013 **35.00

24 DEC 19 FN 4:5

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Articles of Dissolution SUBJECT: L17000217609 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Janet Noack, CPA (Name of Contact Person) Foreign Tax CPA LLC (Firm/Company) 3000 N Atlantic Ave, Ste 208 (Address) Cocoa Beach, FL 32931 (City/State and Zip Code) For further information concerning this matter, please call: Janet Noack CPA (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	1187 HILLSBORO MILE 3W LLC		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 12/11/2024		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) 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.		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by		
	that fiduciary)		
	Thomas Holst		
	(Typed or printed name of person signing)		
	Member		
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:	
The above named corporation is the subject of dissolution and the effective date o	Co. dissolution is:
The above named corporation is the subject of dissolution and the effective date of	a dissolution is.
(date filed with the Dept, if date specified in the Articles of Diss	olution)
Description of information that must be included in a claim:	
Sale of residential rental property	
Mailing address where written claims can be sent: (Claims cannot be sent to the D	vivision of Corporations)
3000 N Atlantic Ave, Ste 208	
Cocoa Beach, FL 32931	
A claim against the above named corporation will be barred unless a proceeding to within 4 years after the filing of this notice.	o enforce the claim is commence
	<i>c 1</i>
Thomas Holst	Jan
Printed Name of the Person Filing Signal	ture of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00