

217000223106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BURIED TREASURE RENTALS, 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:

RONALD C. IACONE JR., ESQ.

(Name of Person)

IACONE LAW, P.A.

(Firm/Company)

2100 PONCE DE LEON BLVD., SUITE 760

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

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**

1. The name of a limited liability company is
BURIED TREASURE RENTALS, LLC
2. The Articles of Organization were filed on 10/27/17, effective 10/23/17 and assigned
document number L17000223106
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).
Fla. Stat. § 605.0701(1)

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

Ronald C. Iacone Jr., Esq. — Authorized Person

Printed Name

FILING FEE: \$25.00

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SEC. OF STATE
TREASURY
FLORIDA

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

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

Name of Limited Liability Company: BURIED TREASURE RENTALS, LLC

Document number of Limited Liability Company is: LI17000223106

Date of dissolution was: AUGUST 12, 2021

Description of information that must be included in a written claim:

Description of nature and date of Claim sufficient for the LLC to understand the Claim and how and to whom to respond, including copies of any evidence or documents that support the Claim. Claims shall be sent to Aldo Watanave at the address indicated below, with a copy sent to the dissolved company's registered agent as reflected on public record.

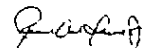
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3213 BAY ESTATES CIRCLE, MIRAMAR BEACH, FL 32550

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ronald C. Iacone Jr., Esq. — Authorized Person

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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TALLAHASSEE, FL