

L17000230286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

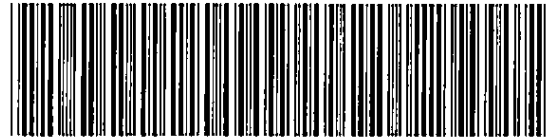
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 APR 14 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2023 APR 14 PM 2:15
ATTORNEY GENERAL
TALLAHASSEE, FL

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04/14/23

NAME: LLPV, LLC

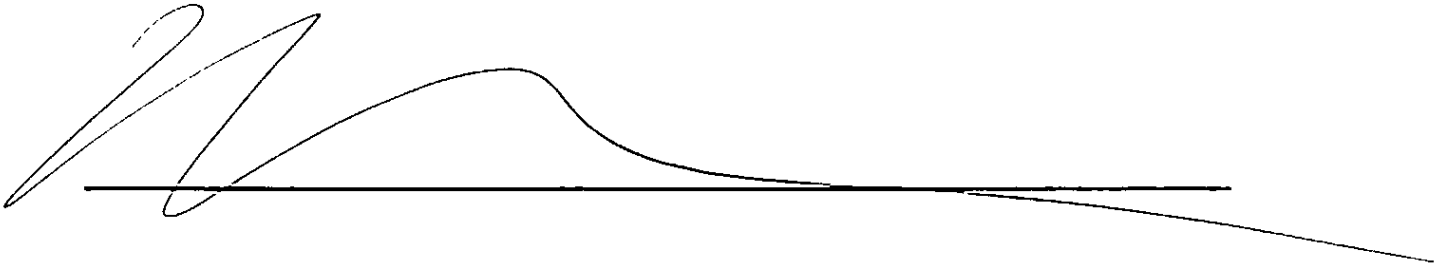
TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LLPV, 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:

M. Scott Thomas

(Name of Person)

Burr & Foreman LLP

(Firm/Company)

50 North Laura Street, Suite 3000

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

M. Scott Thomas

904

232-7233

at (

(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 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

FILED

2023 APR 14 PM 3:30

CLERK OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
LLPV, LLC

2. The Articles of Organization were filed on November 7, 2017 and assigned
document number L17000230286

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).
Consent of all the 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:

DocuSigned by:

A84E142118E9463

Signature

Mark A. Lowery

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by LLPV, LLC, a Florida limited liability company, for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, Florida Statutes.

Name of Limited Liability Company: LLPV, LLC

Document number of Limited Liability Company is: L17000230286

Date of dissolution will be the date that the Articles of Dissolution are filed with the Florida Department of State.


Description of information that must be included in a claim:

1. The name and address of the claimant.
2. The date the claim arose.
3. The nature of the claim.
4. The amount of claim.
5. Copies of any and all documents or instruments evidencing or memorializing claim.
6. The claimant(s)' United States social security number, federal identification number or appropriate taxpayer identification number.
7. Each claim must be submitted separately.

Mailing address where claims can be sent:

M. Scott Thomas
50 North Laura Street, Suite 3000
Jacksonville, FL 32202

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

DocuSigned by:
By: 
Name: Mark A. Lowery
Title: Manager

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TALLAHASSEE, FL