

L17000241501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

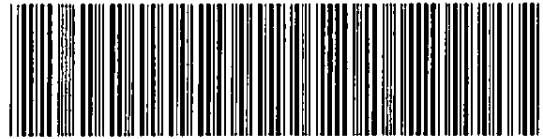
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

VOI
Dissolution

Office Use Only



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11/26/24--01010--026 **25.00

2024 NOV 26 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eden Sunset II, 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:

Frank J. Rief, III

(Name of Person)

Longhouse, Richard, Olsen & Rief, PLLC

(Firm/Company)

202 S. Rome Ave., Suite 110

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank J. Rief, III / Alyssa Ferraro

(Name of Person)

813

at ()

223-5351

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FL

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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

Eden Sunset II, LLC

2. The Articles of Organization were filed on 11/22/2017 and assigned

document number L17000241501

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).

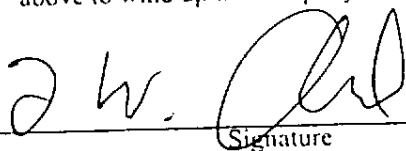
Voluntary dissolution by the Manager.

Voluntary dissolution by the Manager.

Voluntary dissolution by the Manager.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Tim W. Arnold 2444 Southway Drive, Columbus, OH 43221

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

Tim w. Arnold

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FL

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