

L17000255639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

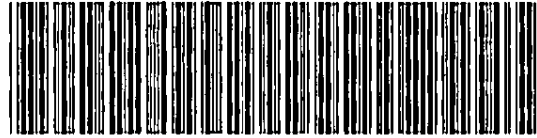
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIDEN Home Investments, 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:

LAUREN E. COHEN
(Name of Person)
CYPRESS Title + ESCROW, INC
(Firm/Company)
9180 Galleria Ct. Ste 400
(Address)
Naples FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

Lauren E. Cohen at (239) 260-5403
(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Aiden Home Investments, LLC

2. The Articles of Organization were filed on 12/14/17 and assigned

document number L17000255639

3. The delayed effective date the dissolution is not effective on the date of filing: 12/31/22
(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).

Business Operations Closed

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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

OWNER - Lauren E. Cohen

9180 Galleeria Ct. Ste 400

Naples, FL 34109

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:

Lauren E Cohen

Signature

Lauren E. Cohen

Printed Name

FILING FEE: \$25.00