

L180000 50434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

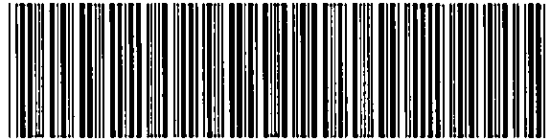
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/22/19--01029--003 **30.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 22 PM 5:50

Done w/notice

MAY 02 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2231 Post Street Rental, L.L.C.

DOCUMENT NUMBER: L18000050434

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert R. Hyde

(Name of Contact Person)

2231 Post Street Rental, LLC

(Firm/Company)

2102 Ernest Street

(Address)

Jacksonville, FL 32204-3208

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert R. Hyde

(Name of Contact Person)

at **(904) 718-4011**

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,

Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

2231 Post Street Rental, L.L.C.

2. The Articles of Organization were filed on February 26, 2018 and assigned

document number L18000050434

3. The delayed effective date the dissolution if not effective on the date of filing: April 1, 2019
(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).

The rental property located at 2231 Post Street, Jacksonville, FL 32204, that was the subject of the

limited liability company was sold.

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

Robert R. Hyde

2102 Ernest Street

Jacksonville, FL 32204-3208

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:

Robert R. Hyde
Signature

Robert R. Hyde

Printed Name

FILING FEE: \$25.00

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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: 2231 Post Street Rental, L.L.C.

Document number of Limited Liability Company is: L18000050434

Date of dissolution was: April 1, 2019

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


The name and address of any claimant. the subject of the
claim, the date of the claim, and the connection of the
claim to the rental property located at 2231 Post Street
Jacksonville, FL 32204

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

2102 Ernest Street
Jacksonville, FL 32204-3208

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.

Robert R. Hyde
Printed Name of the Person Filing


Signature of the Person Filing