

L18 0000 63045

(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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SEP 23 2022

S. PRATHE

COVER LETTER

TO: Registration Section
Division of Corporations

509 Misty Oaks Drive LLC
SUBJECT: _____

(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:

JORGE R SALCEDO

(Name of Person)

SALCEDO ATTORNEYS AT LAW P.A.

(Firm/Company)

200 S BISCAYNE BLVD SUITE 2700

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE R SALCEDO

(Name of Person)

305 375-0640
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**

The name of a limited liability company is

509 Misty Oaks Drive LLC

1. The Articles of Organization were filed on March 09, 2018 and assigned document number L18000063045
2. 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.
3. 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).

RESOLUTIONS APPROVING DISSOLUTION OF THE COMPANY WERE ADOPTED

UNANIMOUSLY BY THE MEMBER. AS PERMITTED BY THE FLORIDA REVISED

LIMITED LIABILITY COMPANY ACT.

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

5. 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

Guillermo Bolinaga

Printed Name

FILING FEE: \$25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 AUG - 8 PM 1:49

FILED

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: 509 Misty Oaks Drive LLC

Document number of Limited Liability Company is: L18000063045

Date of dissolution was: July 01, 2022

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

CLAIMS SHALL BE IN WRITING AND INCLUDE:

1. NAME AND ADDRESS OF CLAIMANT

2. CLAIM AMOUNT

3. BASIS FOR THE CLAIM

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

509 Misty Oaks Drive

Pompano Beach, FL 33069

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.

Guillermo Bolinaga

Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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

FILED
2022 AUG - 8 PM 1:49
TALLAHASSEE, FLORIDA