

L18000 149921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

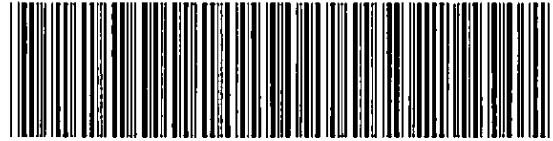
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700440982947

12/13/24--01013--022 \*\*25.00

FILED  
2024 DEC 13 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ocean Way Advisors 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:

Rita Gatta  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

221 Ocean Grande Blvd #401  
(Address)

Jupiter, FL 33477  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rita Gatta at 201, 657-9710  
(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 310  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 13 PM 1:46

FILED

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

1. The name of a limited liability company is

Ocean Way Advisors LLC

2. The Articles of Organization were filed on June 18, 2018 and assigned

document number L18000149921

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).

Partners retiring from business.

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

2024 DEC 13 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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:

Rita Gatta  
Signature

Rita Gatta  
Printed Name

**FILING FEE: \$25.00**

## 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: Ocean Way Advisors LLC

Document number of Limited Liability Company is: L18000149921

Date of dissolution was: 12/9/24

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

Description of claim/service and  
date of service  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Rita Gatta  
221 Ocean Grande Blvd #40  
Jupiter, FL 33477  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 13 PM 1:46

FILED

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.

Rita Gatta  
Printed Name of the Person Filing

Rita Gatta  
Signature of the Person Filing