

L180000172413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

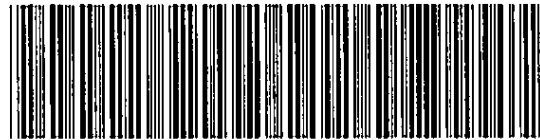
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV 22 2021

Office Use Only



000375830930

11/01/21--01012--027 **25.00

FILED
2021 NOV -1 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DANJARI 305 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:

ARABELLA CONTI

(Name of Person)

(Firm/Company)

227 Michigan AVE APT. 502

(Address)

(FL)
MIAMI BEACH 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Arabella Conti

(Name of Person)

at (305) 928-9585

(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

FILED

2021 NOV -1 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

DANIARI 305 LLC

2. The Articles of Organization were filed on 07-17-2018 and assigned

document number L18000172413

3. The delayed effective date the dissolution is not effective on the date of filing: 10-27-2021
(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 TWO PROPRIETIES BOUGHT UNDER THIS
COMPANY HAVE BEEN 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:

ARABELLA CONTI
227 MICHIGAN AVE UNIT 502
MIAMI (FL) 33139
Beach

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:

Arabella Conti

Signature

ARABELLA CONTI

Printed Name

FILING FEE: \$25.00