

418 000 237 362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

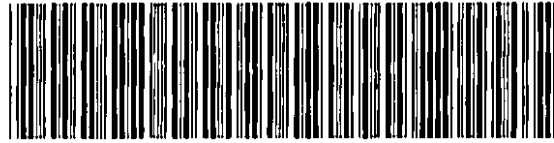
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAY HAVEN TOWNHOMES LLC

DOCUMENT NUMBER: L18000237362

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

Please return all correspondence concerning this matter to the following:

PATRICK NORMAN
(Name of Contact Person)

(Firm/Company)

324 W. BEARDS AVE.
(Address)

TAMPA, FL. 33613
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK NORMAN at (813) 960-5384
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status & 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**

1. The name of a limited liability company is

BAY HAVEN TOWNHOMES LLC

2. The Articles of Organization were filed on 10/15/2018 and assigned

document number L18000237362

3. The ~~delayed~~ effective date the dissolution if not effective on the date of filing: 1/31/2020

(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).

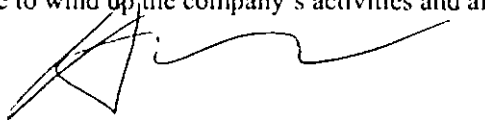
PROPERTY TRANSFERRED OWNERSHIP, VOLUNTARY
DISSOLUTION

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

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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:



Signature

PATRICK NORMAN

Printed Name

FILING FEE: \$25.00