

L18000250002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

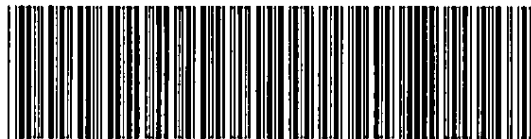
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400335149814

10/04/19--01:12--006 \*\*25.00

FILED  
2019 OCT -4 AM 11:41  
SEC.  
TALLAHASSEE, FL

OCT 23 2019  
C Kinse;

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DISSOLUTION for A LLC

**DOCUMENT NUMBER:** L18000250002

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

Please return all correspondence concerning this matter to the following:

MARY NICOTRA  
(Name of Contact Person)

ARENA Nicotra Homes & ESTATES  
(Firm/Company)

4729 STAFFORD CT  
(Address)

PALMETTO, FL 34221  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY NICOTRA at (630) 518 5600  
(Name of Contact Person) (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

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

1. The name of a limited liability company is

ARENA NICOTRA HOMES<sup>1</sup> ESTATES

2. The Articles of Organization were filed on 10-24-18 and assigned

document number L18000250002

3. The delayed effective date the dissolution if not effective on the date of filing: 10-10-19  
(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).

BOTH PARTIES agree to dissolve due to  
DISAGREEMENTS in budget and management.

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

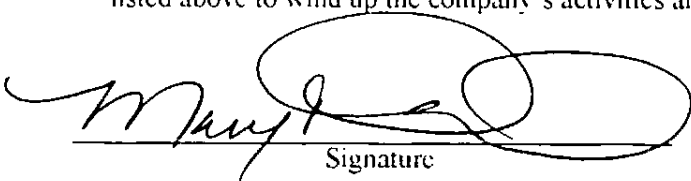
MARY NICOTRA

4729 STAFFORD CT

PALMETTO, FL 34221

FILED  
2019 OCT -4 AM 11:41  
S.C.  
TALLAHASSEE, FL

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

MARY NICOTRA  
Printed Name

FILING FEE: \$25.00